NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 20th September, 2023, 3.30 pm - George Meehan House, 294 High Road, N22 8JZ (watch the live meeting here and watch the recording here)

Members: Please see list attached on item 2

Quorum: 3

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site 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. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. 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 at agenda item 13).

5. 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.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

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

7. MINUTES (PAGES 3 - 8)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 28 June 2023 as a correct record.

8. WOOD GREEN INTEGRATED HUB AND COMMUNITY DIAGNOSTIC CENTRE UPDATE (PAGES 9 - 26)

To receive a presentation on the Wood Green Hub and Community Diagnostic Centre update.

9. HARINGEY BOROUGH PARTNERSHIP UPDATE (PAGES 27 - 38)

To receive a presentation on Haringey Borough Partnership update.

10. NCL INTEGRATED CARE PARTNERSHIP MEETING UPDATE (PAGES 39 - 78)

To receive an update on the NCL Integrated Care Partnership meeting.

11. WINTER PLANNING UPDATE

To receive a verbal update on winter planning.

12. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

13. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the dates of future meetings:

15 November 2023

Nazyer Choudhury, Principal Committee Co-ordinator
Tel – 020 8489 3321
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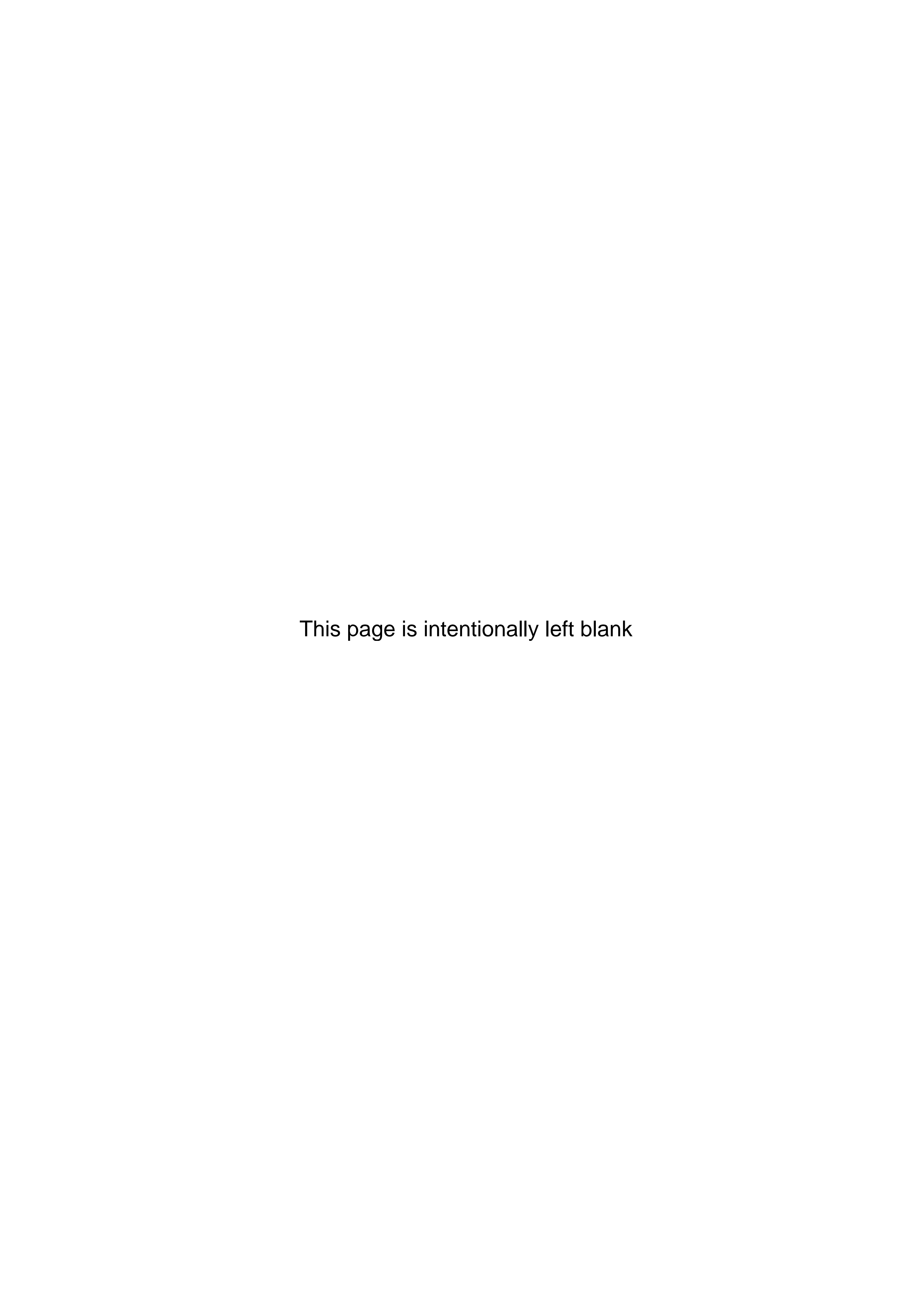
Email: nazyer.choudhury@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Tuesday, 12 September 2023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Agenda Item 2

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member for Health, Social Care, and Wellbeing – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Children, Schools and Families	Cllr Zena Brabazon
			* Cabinet Member for Climate Action Environment, Transport, and Deputy Leader of the Council	Cllr Mike Hakata
	Officer Representatives	4	Director of Adults, Health and Communities	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
NHS	North Central London Integrated Care Board	3	Clinical and Care Director for Haringey (NCL ICB)	Nadine Jeal
			Director of Integration for Haringey	Rachel Lissauer
			Executive Director of Place	Sarah McDonnell-Davies
	North Middlesex University Hospital NHS Trust	1	Chief Executive	Dr Nnenna Osuji
	Whittington Health NHS Trust	1	Chief Executive	Helen Brown

	Barnet, Enfield and Haringey Mental Health Trust	1	Managing Director, Haringey	Gary Passaway
	Haringey GP Federation	2	Chief Executive	Cassie Williams
			Medical Director	Dr Sheena Patel
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 28 JUNE 2023, 2:00PM–4:30PM

PRESENT:
Councillor Lucia das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair)
Councillor Zena Brabazon, Cabinet Member for Early Years, Children and Familiesy
Dr Will Maimaris, Director of Public Health
Rachel Lissauer – Director of Integration – NCL CCG
Sara Sutton – Assistant Director, Partnerships and Communities
Beverley Tarka - Director of Adults, Health & Communities
Polly Frayne - Programme Manager, Public Voice

IN ATTENDANCE ONLINE:

Cassie Williams - Chief Executive, Haringey GP Federation
Jon Tomlinson – Senior Head of Brokerage and Quality Assurance
Gary Passaway - Managing Director, Haringey Mental Health Trust
Stephanie Otuoacheampong.- Mental Health Project Coordinator, Tottenham Talking
Geoffrey Ocen – Chief Executive, Bridge Renewal Trust
Tobias Gold – Clinical Lead, Children and Young People,
Paul Allen – Head of Integrated Commissioning (Integrated Care & Frailty)
Christina Andrew – Head of Resettlement, Migration & Inequalities
Miho Yoshizaki – Public Health Registrar
Nadine Jeal – Clinical and Care Director for Haringey (NCL ICB)
Thomas Leonard – GP, Clinical Lead East Neighbourhood
Akudo Okereafor – North Middlesex University Hospital, NHS Trust

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Board welcomed everybody to the meeting.

3. APOLOGIES

Apologies for absence had been received from Councillor Mike Hakata and Ms Sharon Grant.

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

There were no deputations.

7. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on 29 March 2023 be confirmed and signed as a correct record.

8. HEALTH INEQUALITIES AND INEQUALITIES FUND PROGRAMME IN HARINGEY

Ms Rachel Lissuaer, Ms Akudo Okereafor, Ms Stephanie Otuoacheampong and Mr Paul Allen presented the item.

The meeting heard that:

- The use of the 111 phone service was a good resource. It had improved over time and had performed well. The 111 phone service needed to be used in the right situation and 999 was advised to be used in more urgent or life-threatening situations.
- Parent volunteers and champions had played a critical role and they had been involved with the programme and had contributed significantly. They attended Maternity Voice partnerships and would be invited onto interview panels and Board meetings.
- Some champions leads were previously volunteers and were trained.

- The ABC Parent programme was on social media including Twitter, Instagram and WhatsApp groups.
- In terms of mainstreaming, there was a programme which provided speech, language and communications within a children's centre and nursery. This programme modelled universal support in speech, language and communication. Some testing was being done to see if it was possible to use it as a way of reducing people's reliance on having Educational Health Care Plans (EHCPs) as a way of getting speech, language, and communication input which often happened later in the child's development due to having to wait through the process of trying to get the EHCPs. A business case had been constructed between Whittington Hospital, the ICB and the Council in moving towards a universal model.
- This programme was useful for having a preventative and supportive network that could help avoid a crisis.
- Long term and consistent funding was required to provide security and increasing access for people to be able to benefit across the most vulnerable and needy communities.
- Advertising was mostly done in the east of the borough. There were families in the area that suffered deprivation. Advertising had been done in local areas such as the barbershops, pharmacies, supermarket, churches and other places of worship to reach out to all families across the demographic.
- People from all backgrounds had been affected by the cost of living, but data showed that certain communities had worse outcomes.
- Based on a recent survey, the data showed that 76% of service users were not from a White British or White Irish background.
- Efforts being taken to become more mainstream was reliant on collaborative work and building pathways with partners. However, there was a lot of stigma associated to mental health and this was counter-productive to the progress of the work being done. Attempts had been made to dilute the stigma by working with different organisations such as attending community events and sharing any learning with grassroots organisations.
- Efforts had been made on building trust with the community by collaborating with faith-based projects or gender-based projects.
- Funding was important to sustainable projects and other developmental collaborations.
- Due to funding constraints, there had been a lack of analytical support which was provided by local authorities. It would be useful to have an evidence-based approach in order to demonstrate the use of preventative based projects.
- An approach had been proposed regarding how to formulate how an evidence base could be built around the differentiation between early prevention to secondary prevention and onwards. This would help to understand the impact on underserved communities and understand where the resources were being allocated.

- Investing in underserved communities and groups was a good investment for the wider system as there was a greater level of need and therefore a greater opportunity to mitigate social care utilisation.
- A wider conversation needed to be held on inequalities funding and the wider funding available in the system and ensure that the funding was proportionate to the needs in the borough.

RESOLVED:

That the report be noted.

9. HARINGEY BOROUGH PARTNERSHIP UPDATE AND UPDATE FROM NORTH CENTRAL LONDON INTEGRATED CARE PARTNERSHIP MEETING

Ms Rachel Lissauer and Ms Sara Sutton presented the item.

The meeting heard that:

- As far community leads were concerned, work was mostly done with the principal social worker and the service managers for Children's and Adult social services. More specific consideration would be given to this and an update would be provided.
- Service areas were still significantly challenged since the period of the coronavirus crisis but there should be more emphasis should be on the integrated response set the individuals who are discharge from hospital were able to have adequate recovery.
- There was an organised and systematic approach towards trying to have an organised and systematic approach towards trying to understand local communities and to know that there were effective programmes targeting areas of high deprivation and local communities in most need. However, it was also important to use the outcome from the work to make a case for greater funding. There were also other issues regarding funding that was already allocated which was a small amount in any case.
- Funding seemingly was always allocated to outlets which were more universally recognised.
- The ICB was going through a significant change programme at the moment and part of the Board's role would be to determine how to have an aligned resourcing structure that ensured that the borough did not lose the momentum of some of the borough partnership work. The transition to a new operating model for the ICB would be a key area of focus for the borough over the next few months. And then the further point on the place and space for some of those wider.
- There were a few groups where more strategic consideration was given such as a Place Editorial Board for considering delegation and what that meant for boroughs. The NCL and local authority representatives were

meeting more regularly at officer and leadership level to start thinking about shared areas of priority and focus.

- Haringey had newborn screening, but did not have reception screening and the other NCL boroughs did. The recommendations of the National Screening Committee were not clear, but consideration would be given via through the Start Well programme and an update would be provided to the Board.
- Place based delegated decision making needed to be factored.
- Population health and health inequalities needed to incorporate other specific work such as the Coordinating Group or the racial equity group work being done. The Racial Equity in Health and Social Care looked at things that impacted inequality including mental health, maternity care and other things.
- In reference to co-design and co-production or engagement, there would be a launching of a toolkit that had been one of the five areas of thematic work as part of the healthy neighbourhoods. This would take place on 10 July 2023, led by Public Voice.
- More people were required in the crisis team.

RESOLVED:

1. That the presentation be noted.
2. That the Health and Wellbeing Board endorse the manner of the progress.

10. HARINGEY HEALTH AND WELLBEING STRATEGY UPDATE ON TIMELINES FOR CONSULTATION (VERBAL UPDATE)

Mr Will Maimaris and Ms Miho Yoshizaki presented the item and stated that the borough would refresh its health and wellbeing strategy. There would be a four to five year strategy starting from the beginning of next year. This was important as it would capture some of the capture some of the progress discussed through the borough partnership, such as tackling inequalities, tackling racism, mental health issues and speech and language. However, they would also be a process of going out and speaking to residents send that they could have their say on what would contribute to better health and this would be done over the next three to four months, largely by the Public Health team. There would be a process whereby the borough speaks to people that often did not have a chance to contribute. This would include communities such as those from Eastern Europe or from the Orthodox Jewish community. In the coming months, some broader sessions would be held in places such as the Tottenham Leisure Centre or Saint Ann's Library.

The meeting heard that:

- Careful consideration needed to be given on how to engage with communities. This could be done in a creative way.
- The borough had Latin, Brazilian and Columbian communities and many members of the communities had considerable local knowledge.
- Members of the communities had complex needs and some community voices were unheard from as certain other communities had a greater level of campaigning.
- Consulting was important, but follow-up engagement was also important.
- It would be useful to see a strategy before consultation began.
- It would be useful to be able to provide answers to very specific questions regarding access to services.
- Housing issues were quite prominent regarding on health issues.

Mr Maimaris stated that the plan to view a strategy would be sent out by email.

RESOLVED:

That the update be noted.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS AND MEETING DATES

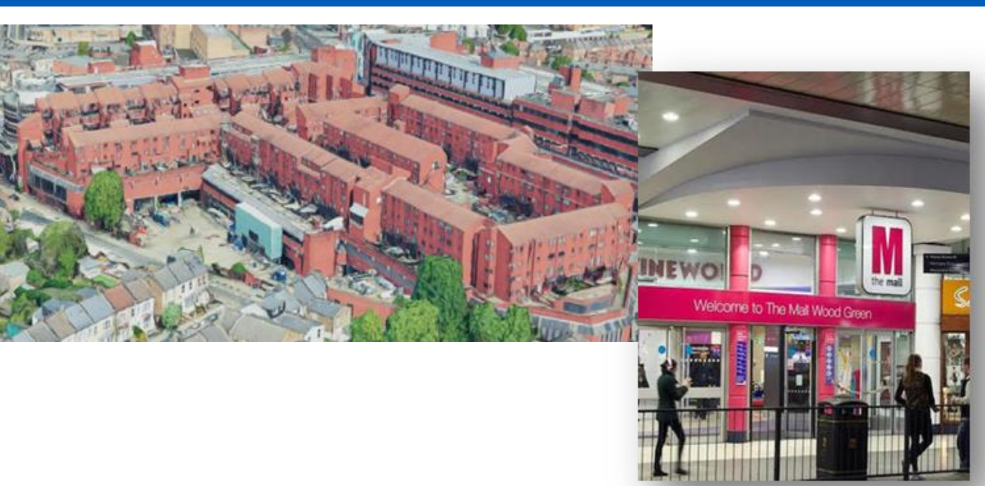
The next meeting would be held on 21 September 2023.

Haringey Health and Wellbeing Board

20th September 2023

Wood Green Integrated Hub & Community Diagnostic Centre Update

Wood Green Integrated Hub



NHS
Barnet, Enfield and
Haringey Mental Health
NHS Trust

Services to be provided from Hub

- Community Mental Health
- Customer support and advice services and Connected Communities
- Primary Care Services
- Community Dental
- Audiology
- Phlebotomy
- MSK
- Health Visiting
- Newborn Hearing
- Bladder and Bowel
- Nutrition and Dietetics
- Post Covid
- Lymphoedema
- Midwifery
- Haringey Talking Therapies
- Heart Failure
- Podiatry
- CYP PIPS service

+ continuing to explore priorities for central Haringey and possible inclusion of other services e.g Diabetes, Point of Care Testing, MSK Ultrasound diagnostics

Wood Green Integrated Health and Wellbeing Hub – Case summary

*"We envisage this move to be **life changing for our patients, for our team and for Haringey** as a whole. The two most precious things we all share and value is our health and time. This is a wonderful opportunity for our **community that have historically suffered from poor estates or limited local healthcare services** to have an outstanding and innovative integrated healthcare centre on their doorstep delivering more than ever before to revive to the forefront Haringey's healthcare needs. It's also an **exciting space to inspire and retain talented healthcare professionals and administrative team** members from multiple disciplines in Haringey." **– Mahmoud Asgheddi, Lead GP, Hornsey Practice***

The Problem

- ***Poor quality care facilities*** that are too small and often not fit for purpose to meet population need.
- Community health ***service delivery in several disparate locations*** – inefficient and disjointed.
- ***Lack of integration*** between health and care services, leading to residents shuttling between services and locations.

Project Objectives

- ***Improved and expanded primary care facilities.***
- ***A patient/community focused integrated service model*** - addresses current challenges in, and transforms, service delivery -optimising technology and with a focus on meeting patient/care community needs holistically
- ***Accessible, excellent facilities for service delivery*** in central Haringey that are fit-for-purpose and support the preferred service delivery model

Resident and system-partners co-design and consultation

- ***Service model to drive design*** of facilities and digital requirements.
- Early and ***extensive consultation on proposals*** to relocate services – identifying key concerns and requirements. The ***OSC have approved go ahead.***
- Use of inclusive design consultants to support ***excellent access for all.***
- ***Partner-based governance*** with lead organisation and inclusive Steering Group and project delivery.
- Change management at the heart so ***behaviours, relationships and processes change from the start***

Benefits

- ***Easier access to services***, for people in disadvantaged areas, tackling inequalities.
- Breaking the inverse care law – ***investing in areas that need it most***.
- Supporting ***regeneration of high street***.
- More ***efficient services*** through one-stop-shop and single reception
- Integration that allows ***holistic approach*** to health, debt, housing, mental health, dental, GP etc issues.
- ***Co-location with CDC*** for quick care journey e.g. from GP to scan to MSK

Proposed solution

- ***Range of health & care services integrated and co-located***: primary care; local authority customer support, advice & connecting services; adult community services; mental health; voluntary and 3rd sector, community dental services, audiology services, MSK.
- ***Creative and innovative approach to space and digital solutions driven by residents, services and service users co-designing the integrated service model.*** Flexible and shared spaces, single reception, meeting and counselling rooms, spaces that are welcoming, supportive and encourage and enable conversations. Accessible and secure, that provide privacy where needed.
- ***c3000 sqm of space over 2 floors*** of a High Street Retail Shopping Mall

Partner organisations

This project is brought as a partnership between a number of Haringey organisations* within the Haringey Integrated Borough Partnership, and reflects the NCL ambitions for partnerships - to reduce health inequalities through:

- Improving the ***quality and accessibility*** of health & care.
- Tackling the ***wider determinants of health*** and wellbeing.
- Prevention and early help being embedded in ***partnership working locally*.**
- Working with residents to ***co-design and deliver integrated services*** at neighbourhood or place level for most complex, vulnerable or excluded.
- Supporting the development of ***integrated frontline teams*** wherever this delivers improved experience.
- Modelling ***collaborative behaviours*** – building trust, letting go and ceding to others where this will achieve the right outcome and agreed priorities.
- ***Coming together*** to solve problems, with residents and community heard and in the room.
- System, borough and provider being seen as ***equal, inter-connected partnerships***.

* Whittington Health, London Borough of Haringey; Hornsey Wood Green Practice, North Central London Integrated Care Board, Barnet Enfield and Haringey Mental Health Trust

Consultation

Two consultations have been carried out in relation to changes to service delivery relating to the Hub:

1. A consultation was carried out during the first part of 2022 for the specific proposal to relocate a number WH services to the Hub.

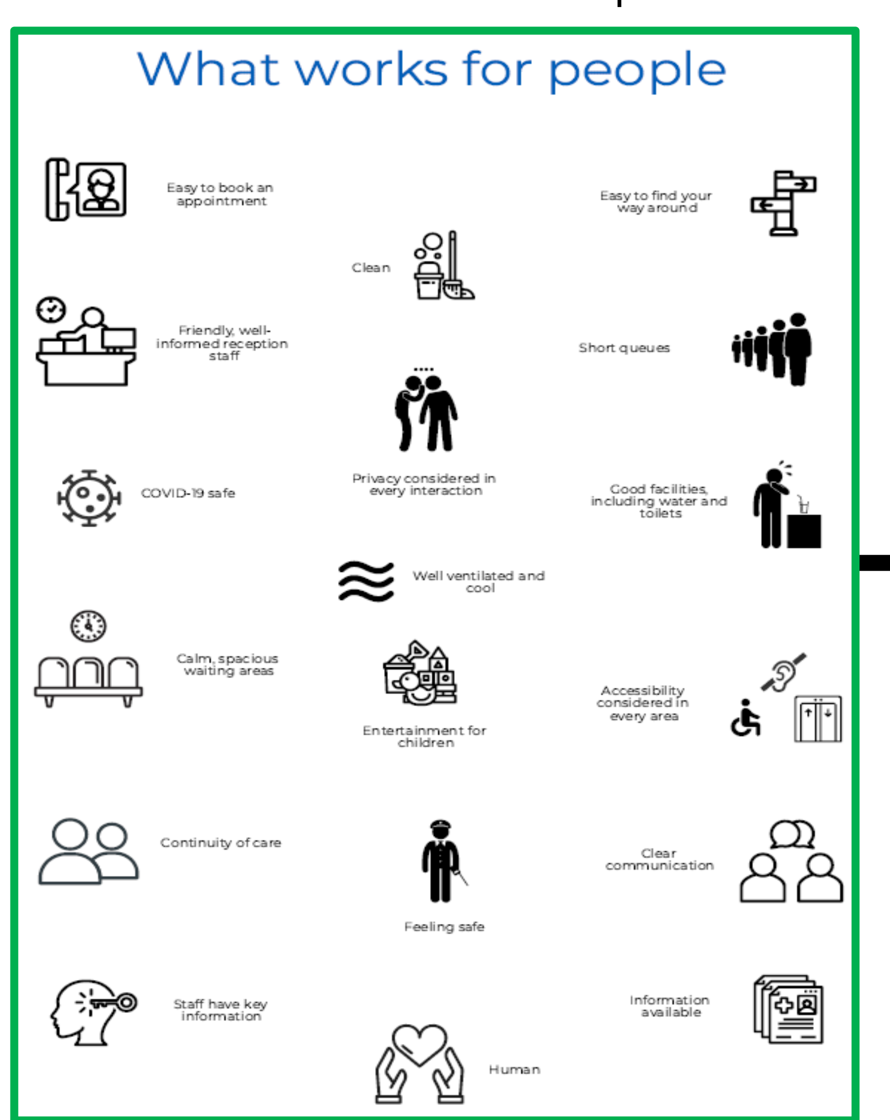
   The WH consultation involved contacting 30,000 patients/service users, 300 VCS organisations and running 19 online and face-to-face engagement sessions. Nearly 2000 patient/service user and 193 stakeholder responses were received. **66% of patients/service users said they would be happy** accessing the service in Wood Green. Broadly positive, these responses were analysed in detail and a report prepared for the Overview and Scrutiny Committee. The proposal was approved by the OSC. The detailed analysis will inform the service model, physical design and digital strategy for the Hub.

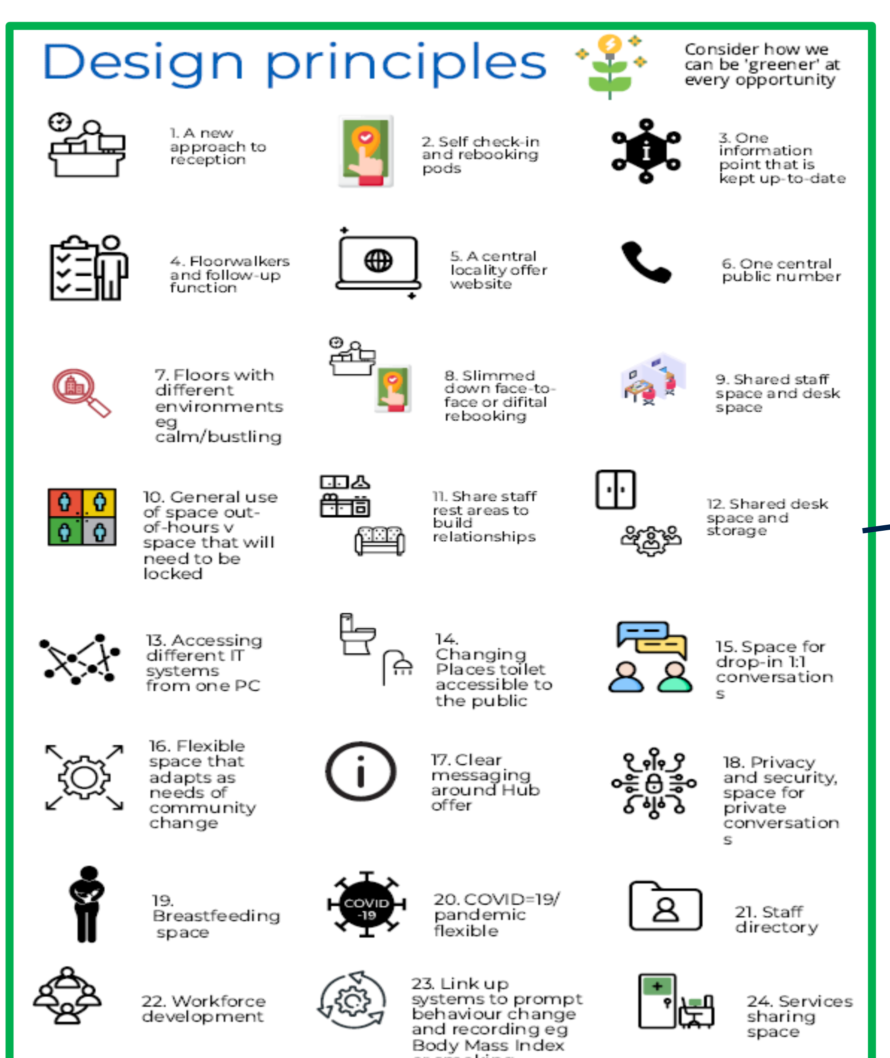
2. A consultation was carried for the proposal to re-locate the Hornsey and Wood Green primary care practice to the Hub.

   Existing patients at Hornsey Wood Green practice were asked to complete a survey and the response was overall positive to the proposal to relocate the Hornsey and Wood Green practice to the hub. Out of the 252 people who completed the full survey, **61% were in favour of the move.** An additional 31 people were interviewed onsite, of which **75% were in favour of the move**. In addition, the ICB and practice have produced an Equality Impact Assessment, which has been approved through internal governance

Developing the Design Principles

Summer 2022: series of workshops with residents and service voices to understand what works, and develop core design principles





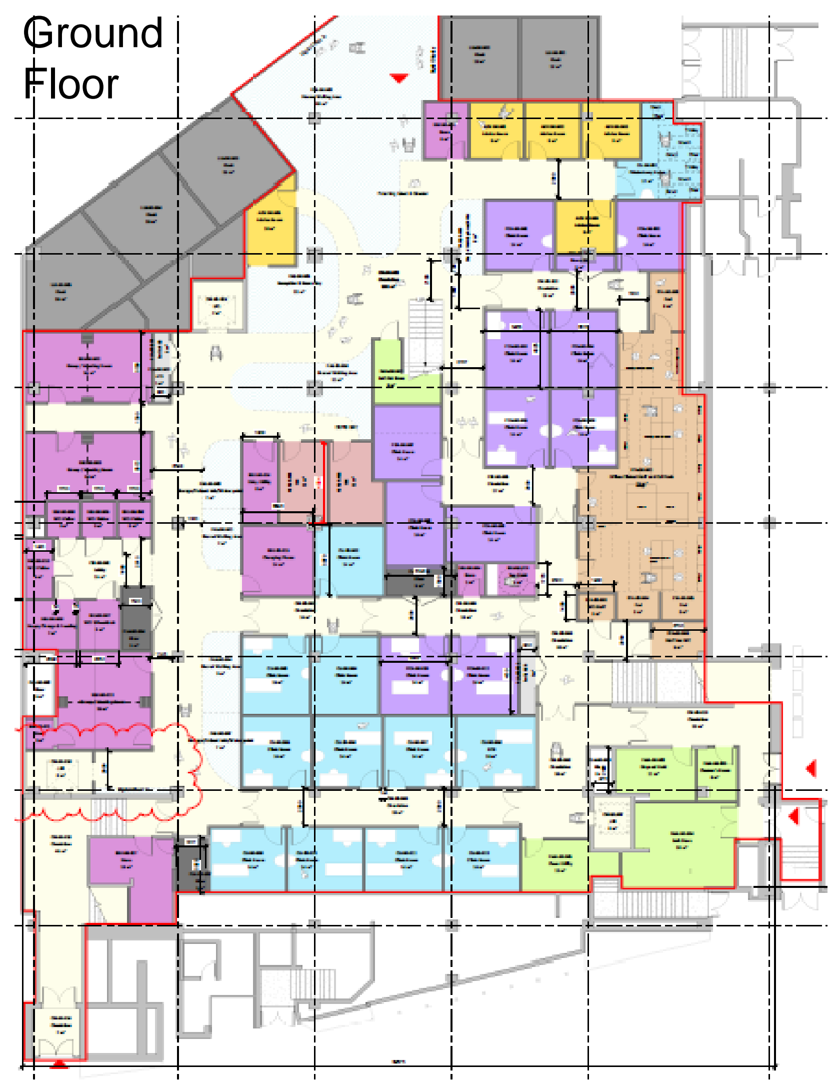
These design principles are informing the design of the facilities and the service model and digital transformation

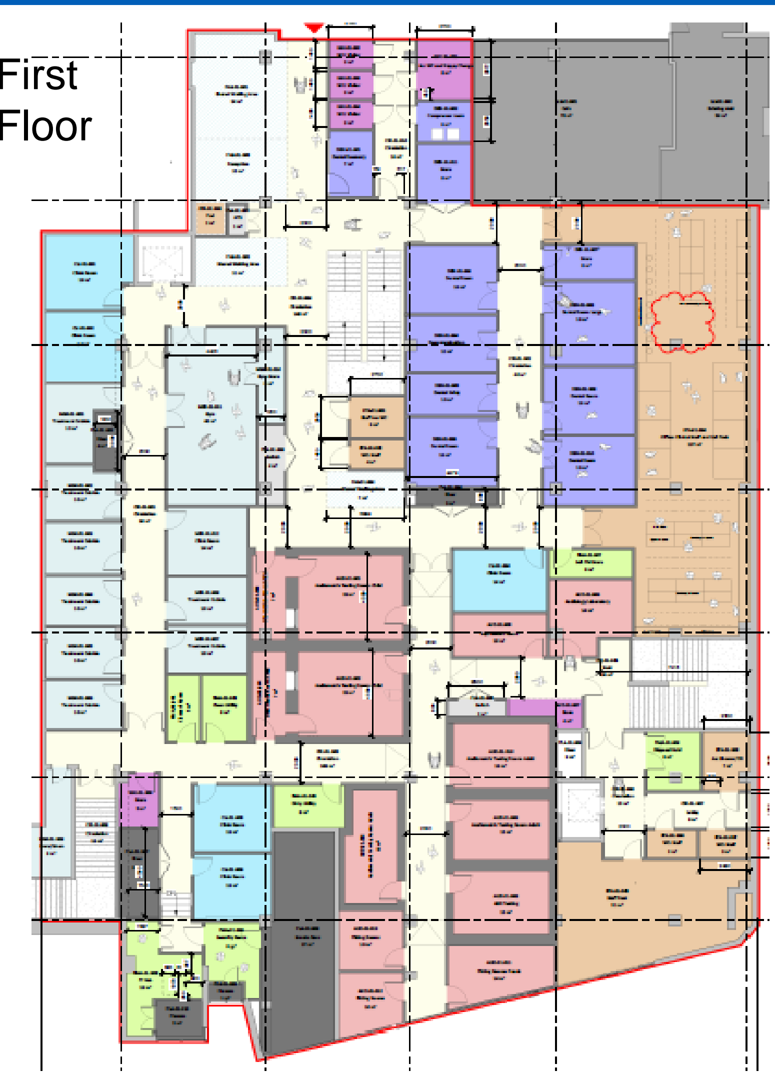
Key Messages as project develops

In addition to the design principles, a number of key messages are continuing to emerge as the project develops:

- The need to deliver excellent disability access
- Addressing digital exclusion
- The importance of engaging with residents, patients and staff in developing service models and facilities
- Keeping the resident experience at the forefront of design development
- Learning from other projects e.g. Northumberland Park Resources Centre and the Community Diagnostic Centre
- Connecting with public health, and the importance of health promotion
- Addressing health inequalities
- The importance of seamless, integrated service delivery and ensuring good links across service locations.

Floor Layouts – July 23





Business Case Approval and Funding Arrangements

The Business Case for the Wood Green Hub was approved by the Whittington Health Trust Board in November ’22. Formal letters of support for the business case were received from all partners in early 2023.

Capital funding

The capital budget for the project was approved at £13.5m (+ an additional £600k for primary care direct costs)

The following capital funding streams have been agreed:

- **Whittington Health**
  - BAU Capital: £4.5m
  - WH disposals: £6m (Bounds Green, Edwards Drive, Stroud Green Clinic)
- **LBH Grant**: £1m
- **NHSE Grant:** £2.6m

Revenue Funding

Letters of support for the revenue funding based on the original Business Case have been received from all partners.

Key Dates/Next steps

- Service model/pathway and digital design development — June 23 – March 25
- 1:200 Floor Layouts Sign-off — July 23 ✓
- 1:50 detailed design development — Aug/Sept 23
- Landlord Agreement for lease/lease — October 23
- Service model design workshops (staff, patients and residents) — October 23
- Tender for works — Nov/Dec 23
- Development of Hub operating model — Jan 24 – March 25
- Works delivery — April 24 – March 25
- Site Operational — April/May 25

Community Diagnostic Centre

Key talking points

- The programme has been running since **Feb 2021** with our first set of services going live at FMH in August of that year
- To date: we have secured around **£31m** in capital to fund estates works and equipment across the two sites, and around £46m revenue to fund programme and running costs through to the end of 2023/24.
- As of this year, revenue funding is predominantly provided on a tariff (cost per test) basis, and we are delivering our programme successfully **within the tariff envelope**

- **Direct Access:** Straight to test model at WG
- **Targeting of GPs:** patients in most deprived areas
- **Ophthalmology lanes:** 45 minutes rather than 3 hour appointments
- **Pathways Development:** developing clinical pathways and a one stop shop model e.g. MSK Sarcoma regional hub, Cancer Rapid Diagnosis Centre, Targeted Lung Function Testing

Investment

Innovations

Deliver

Impact on Inequalities

- **Tests completed to date:** across both sites we have delivered: c. 155,000 across both sites as of week ending 25 June 2023 (FMH: 123,762; WG: 31,236 tests)
- **Current tests per month:** c. 12,000 per month (FMH May: 7626, WG Jun: 4600)
- **Tests per month once fully live:** up to c. 19,000 tests per month (Jan 2024): (FMH: 10,691 planned; WG: 8,134)

ALL SITES

- **Maximising accessibility:** extended hours during the week and on weekend
- **highly accessible**: FMH most accessible by car, WG by public transport

WOOD GREEN

- **Data driven communications**: actively targeting health inequalities using GP dashboard and specific comms
- **Impact:** within a few months of opening 39% of referrals came from the three most deprived deciles (73% for X-ray in April 2023)
- **Anchor institution:** in the Wood Green Shopping city area: bringing footfall into shopping district

CDC Diagnostic Imaging Impact

- NCL's Community Diagnostic Centres have delivered 6% of our total system target Imaging activity to date in 23/24
- When assessing the previous year, NCL's CDC sites at Wood Green and Finchley Memorial Hospital delivered **5% of the Systems DM01 Imaging activity throughout 22/23**. This equates to a total of **32,342 diagnostic imaging tests** which Providers across NCL would have been required to allocate diagnostic capacity.

CDC Imaging Total Activity Trend

80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0

7%
6%
5%
4%
3%
2%
1%
0%

Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23

NCL Provider CDC Imaging Total CDC % Proportion

Imaging Backlog against CDC Activity

5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0

Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23

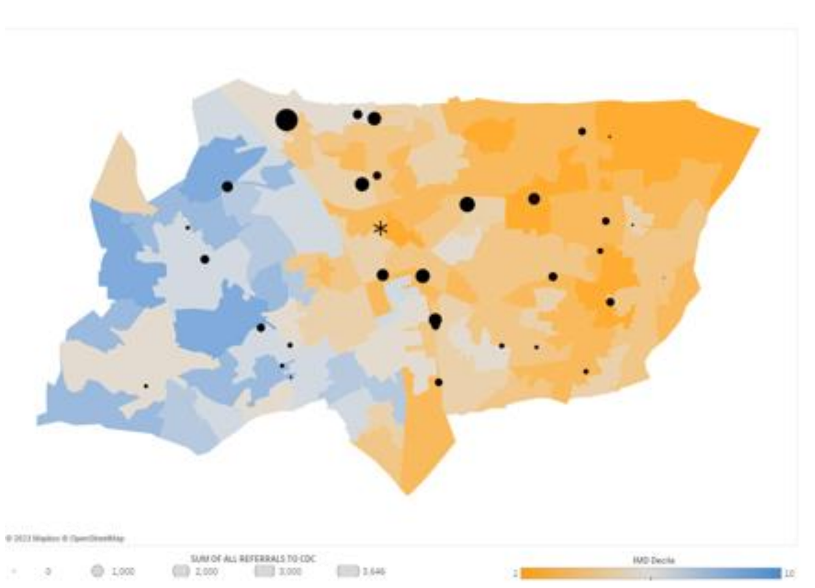
Imaging Backlog CDC Activity

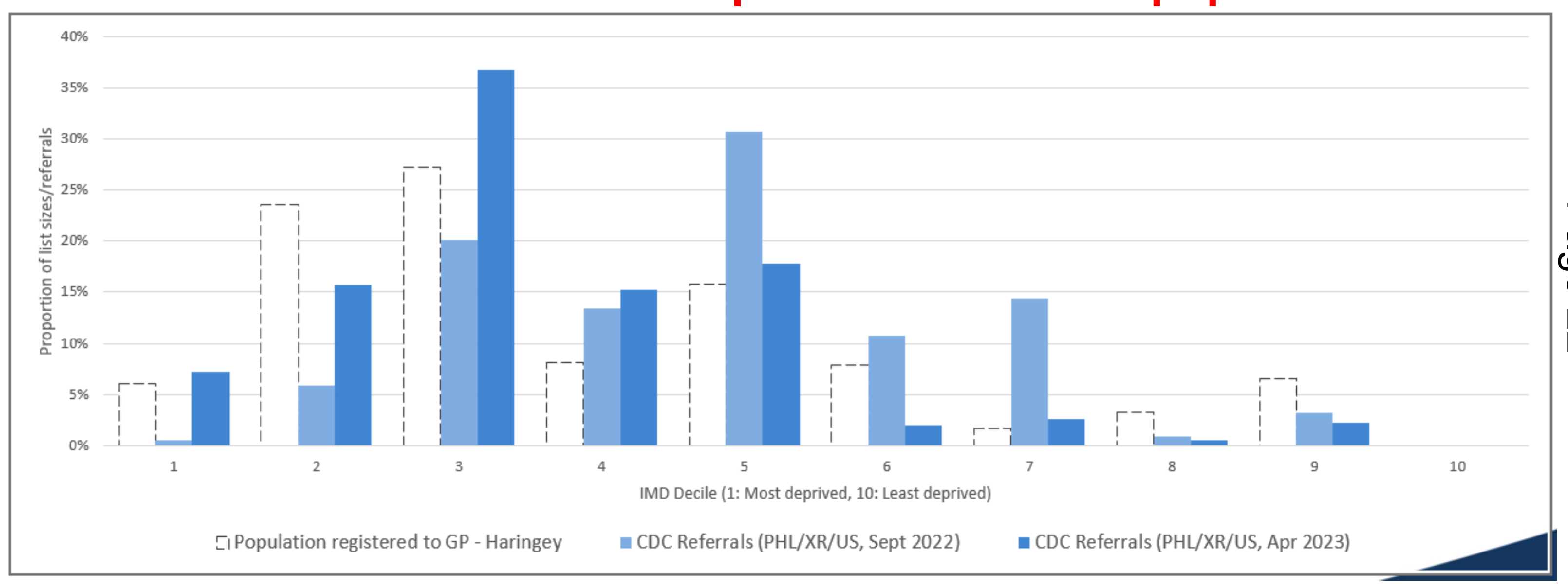
Wood Green Inequalities Impact

Whittington Health
NHS Trust

Wood Green is trialling an innovative new straight to test / GP Direct Access clinical model that is aimed at improving access for NCL's most deprived and diverse communities. We have made significant progress on this front as illustrated by the bubble map and chart below.

72% of activity at Wood Green CDC comes from the 30% most deprived areas of our population





The bubble map above shows where our GP referrals are coming from, overlayed on a deprivation map where darker orange indicates more deprived communities. As can be seen from the map, WG CDC is successfully attracting GP referrals from NCLs more deprived communities.

The chart above shows a breakdown of the deprivation deciles of patients seen by the CDC and how this has changed over time. As can be seen from the chart, there has been a marked shift in the CDC towards increasingly reaching more deprived communities over time, particularly in the most deprived deciles (deciles 1-3). This has been achieved through development of a GP referral dashboard, that monitors levels of referrals from individual Haringey GPs and a targeted communication to help increase referrals from GPs located in our most deprived communities.

North Central London Integrated Care System

NHS Whittington Health NHS Trust

Embedding a learning health system approach

UCLPartners is working as a learning and evaluation partner for the programme with the aim of understanding and improving how the CDC is impacting healthcare inequalities.

Aim:

To understand and improve the impact the Wood Green CDC is having on healthcare inequalities

Support is focused on four key areas:

Area	Focus
Pathway visualisations	• Understanding current GP direct access pathways for WG CDC, highlighting opportunities for improvement, challenges and solutions • Exploring alternative/future pathways to best utilise the CDC and address healthcare inequalities
GP engagement	• Understanding enablers and barriers to GP direct access • Utilising data to inform a targeted approach for GP engagement
Patient and community engagement	• Understanding enablers and barriers to patients accessing the CDC • Understanding experiences and attitudes of those not accessing the CDC • Using insights to develop sustainable community engagement plans
Evaluation	• Understanding current data streams and where data capture can be improved • Co-producing a data strategy to address data gaps and capture the impact of the CDCs on healthcare inequalities • Designing an outcomes framework for the evaluation and wider programme

Patient and community engagement approach

Whittington Health
NHS Trust

		Activities to gather and act on insights
Phase 1	Service user engagement	• Site visits to the WG CDC • 27 semi-structured interviews with patients at the WG CDC • 3 follow-up interviews with patients • Semi-structured interviews with staff
Phase 2	Underrepresented groups engagement	Facilitated four focus groups: • 1 x Turkish and Kurdish Community, in partnership with Roj Women's Association (11 attendees) • 2 x Polish Community, in partnership with HoPEC (31 attendees) • 1 x Black Caribbean Community, in partnership with 4U2/Sewn Together (7 attendees)
Phase 3	Long-term engagement plan	• Develop and implement an action plan based on emerging insights • Thematic analysis of insights gathered to develop recommendations for longer-term community engagement plans

Throughout: Feeding back the insights gathered to the CDC to make improvements to services

Spotlight on improvements made

Priorities for patients	Improvements made at the CDC
Booking appointments at times most convenient to them	• **Optimised booking slots** to accommodate patient choice and prevent DNAs e.g. providing appointments during Freedom Pass travel hours • **Earlier opening hours** for the shopping centre, to accommodate those with an appointment before 9am • **Extended opening hours** of the CDC to evenings and weekends
Easy access to an interpreter and materials in their primary language	• Updated patients leaflets with **information on how to access translation services** • **Translated versions** of patient leaflets ordered for Haringey GPs
Improved visibility of the CDC within the shopping centre	• **Improved signage** within the shopping centre - wayfinding activity with 15 opportunities to improve signage identified
Appointment booking and reminders by phone	• The CDC phone number now appears as 'Wood Green CDC', rather than 'Private number' when calling patients
Awareness of appointment waiting times	• **Pager calling system** introduced for phlebotomy patients

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Borough Partnership Update

Health & Wellbeing Board

Haringey Borough Partnership Exec
Co-chair: Andy Donald (CEO Haringey Council), Helen Brown (CEO, Whittington Health)

Start Well		Live Well		Age Well		Neighborhoods and Health Inequalities	
Giving children and young people the best start in life (0-25 years)	CYP health care and MH ops oversight group	Improving the health and wellbeing of working-age adults (aged from 16 to 65)	MH Ops Oversight Group	Adult Ops Oversight Group	Working together to support people with frailty (mainly aged over 65) to live and age well	Neigh-bourhood delivery	Reducing inequality in outcomes; embedding joint working
Mental health and wellbeing for young people Speech language and communication Autism Pathway		Community mental health and wellbeing Inclusion health		Staying well and healthy Frailty pathway Out of hospital support		Maximising impact of work to reduce health inequalities Joint working at neighbourhood level Enablers of integration	
		Long term conditions (Chair Sharon Seber)					
Screening, vaccinations and immunisations (Chair Damani and Rachel)							
Board Chair: Ann Graham, Vice-Chair Rachel Lissauer		Board Chair: Beverly and Natalie		Board Chair: TBC		Board Chair: Jonathan Gardener/ Richard Gourlay	

Children's, mental health and adults operational groups now established

Long term conditions focus reporting into joint live/age well

Visibility of screening, vax and immunisations work within borough partnership

Mapping of linked patient/public participation work underway

August focus

- Strategic overview – report back from Integrated Care Partnership on progress with population health strategy
- Highlight reports from each partnership board presented
- Focus areas:
  - Speech, Language and Communication – development of a universal service
  - Dementia
  - Adults operational oversight group – report back on work to improve hospital discharge process
- ICB Change Programme update
- Agreed focus area for next partnership board – CAMHS and mental health at St Ann's

A Population Health Update from the ICP meeting

ICP session held 11th July – key area of interest was evaluation of Inequalities Fund schemes and impact. Discussion about how the principles of inequalities fund (directing resource in line with need, working directly with communities and responding to different needs) could influence core approach of health and care system
Appendix A. Inequalities Fund Evaluation.pdf
Appendix B. Inequalities Fund schemes progress and recommendations.pdf

Focus on CAMHS and the crisis pathway for mental health. Improvements in CAMHS were welcomed. There was discussion about how non medical model (e.g. involving schools) could feature as part of ICP plans.

Seminar/workshop session with Chairs of Borough Partnerships planned for September to firm up the action plans and priority areas for Delivery Plan associated with ICP population health strategy.

Live Well Partnership Board Report – July 2023

SRO: Beverley Tarka and Natalie Fox
Snr Lead: Tim Miller and Gary Passaway
Management lead: Richard Blakeway

Key achievements and updates this month	RAG Status	Key actions for next month
Board New programme, workstreams and governance coming into place. Final draft TORs for all boards and groups circulated. New Live Well Board held 31/3 with wide representation.		• Sign off new TORs for Boards and workstreams • Complete update of outcomes framework • Agree mobilisation plan for DWP funded employment programmes. • Run Haringey Inclusion Health Summit • Finalise Haringey adult MH Programme Plan for agreement in September
Mental Health BEHMHTs co-produced Haringey Community Plan for 23/24 signed off and funded Wider plan across partners including crisis, prevention and community in development Target of physical health-checks for people with severe mental illness met for first time (2,659 complete in 22/23, or 62% compared to 14% in 19/20)		
Employment £3.5m bid secured by LB Enfield for project with Haringey for people with health conditions £300k/yr employment programme in MH Talking Therapies funded and being mobilised Haringey Council Supported Internship programme mobilised for young adults		
Inclusion Health Haringey summit in development New SRO agreed (Dr Will Maimaris)		

Risk/Issues	RAG Status	Mitigating Actions
Capacity to deliver programmes across partnership	A	External resource into adult social care and partners agreeing capacity. Broad ownership.

Required HBP Exec Board Action / Input	Note the forthcoming adult mental health plan for borough.

Neighbourhoods & Health Inequalities Partnership Board Report – July 2023

SRO: Richard Gourlay, Jonathan Gardener
Snr Lead: Sara Sutton
Management lead: Nadine Pfeifer/Phee Kingshot

Key achievements and updates this month	RAG	Key actions for next month
Neighbourhoods: North Tottenham pilot underway with joint funding applications submitted for Pantry and initial scoping for Community Laundrette - 50% increase in utilisation in last quarter. **Wood Green** service design dedicated services session held on 31st July to work through integrated service model – wider programme around digital integration and service offer and integration under way – scheduled opening time 2025. Workshop for HC and LL took place with follow-on meeting to discuss HC model to be held on 7th Aug. Neighbourhood clinical priorities and actions in motion for west, central and east, successful appointed workforce integration lead to start in Sept, exploration of integrated front door & DOS/case management system & website (based on learning in Islington, Barnet & Newham), Localities board rebranded to Neighbourhood Delivery Board.	G	• Wood Green Hub service design subgroups to be established and delivered • N17 Joint funding partnership meetings arranged; application for Community Laundrette to be submitted • NRC Business Case decision expected • HC Workshop and operating model to be drafted
Governance: HBP governance tweaked to reflect agreed priorities per Board, NHI board moved to quarterly, IF/Community Chest subgroup set up to provide dedicated space for project discussion, data group to start from Sept.	G	
Health Inequalities Programme and Community Chest • Haringey IF Programme agreed with individual project scheduled agreed. Contracts now in place or being finalised, including more detailed outcome measures agreed with leads for each project – these include BEH MHT, NMUH & GP Fed led projects • Community Chest Phase I projects now fully mobilised • Preparations for next phase of Community Chest in place and expected to be launched in H2 2023/24. This opportunity for additional funding for VCSE will be linked to establishment of Community Participatory Budget within the east of Borough – additional expertise secured with Transformation Partners [new name for Healthy London Partnership] to take forward development of participatory forum and decision-making. • Council-led VCSE capacity building specification being finalised to inform procurement process for lead in Q4 2023/24	G	• Finalise remaining contract arrangements, agree metrics and continue/start to report on these outcomes • Continue to shape Healthy Community Zone initiative around NMUH and finalise investment available • Continue to prepare evaluation of IF Programme • Finalise potential funding arrangements for Phase II Community Chest/Community Participatory Budget and initiate joint project with partners • Continue to progress VCSE capacity building procurement

Neighbourhoods & Health Inequalities Partnership Board Report – July 2023

SRO: Richard Gourlay, Jonathan Gardener
Snr Lead: Sara Sutton
Management lead: Nadine Pfeifer/Phee Kingshot

Continued…

Key Achievements & Updates this month	RAG	Key Actions for Next Month
Information and Insights Group • Individual Boards have started to develop/report on agreed outcome metrics, including those in driver diagrams developed to focus on key priority for Board, and on other relevant metrics (e.g. statutory reporting datasets such as for BCF Plan) • Public Voice-led coproduction toolkit now out in draft to support engagement, research and co-design between residents/patients, VCSE and statutory sector and launched in July • Council developing profiles to describe issues/needs of specific communities in Haringey including in terms of health needs • Needs assessment associated with mental health currently being developed within Public Health	A	• Multi-agency Insights group to meet to form work programme and agree priorities to support Boards • Boards to progress development/roll out of outcomes framework, including reporting on driver diagrams • Continue to progress with existing projects and initiatives, including needs analysis and population profiling • Influence NCL Outcomes Framework development
Risks & Issues	**RAG**	**Mitigating Actions**
Potential capacity issues to continue to support IF Programme and Community Chest roll out, and to support outcome monitoring and development for Boards	A	Outcomes monitoring to be absorbed into individual Boards portfolio with support from Public Health, Council and NHS analytics colleagues. IF Programme and Community Chest roll out will be supported through combination of existing Council/NHS resources and additional expertise to pump-prime development of Community Participatory Forum in east, building on what already in place.
Health Inequality Contracts to be signed off by End of June for payment after. If delayed, the next window is end of July for contract acceptance and subsequent payment	A	Richard and Duy from the ICB Health Inequalities team are continually working with the commissioners and project leads to finalise
Required HBP Exec Board Action / Input		

Start Well Partnership Board Report – July 2023

SRO: Ann Graham, Rachel Lissauer
Snr Leads: Tim Miller and Karen Oellermann

START • LIVE • AGE

Key achievements and updates this month	Key actions for next month
Speech, language and communication needs (SLCN) – see separate slide for overview. New co-produced Primary School pathway in place and communications materials being developed. Training and engagement with key schols staff and other stakeholders and delivery partners underway.	Continue SLCN mobilisation including parent carer engagement and planning for roll by school.
Autism update - Waiting times for autism assessments are under 52 weeks. The ICB have commissioned 2 voluntary sector providers (Markfield & Open Door) to provide families with pre and post- diagnostic support (started Dec 2022). The ICB and the LA are working together to ensure families receive early help support information whilst awaiting an assessment. The number of children and young people awaiting autism assessments needs to reduce further and consultation with external providers indicates that two have capacity to help us reduce our waiting list.	Ensure NHS services are in a good state of readiness for SEND inspection as per risk / action below
Mental Health – CAMHS investment schemes agreed and implementation projects now underway (A) a redesigned access service in phase 1) to be consistent across Barnet, Enfield and Haringey boroughs and phase 2) to integrate locally with key partners for a better resident journey; (B) a new 0-5s pathway, addressing a gap in Haringey's provision, (C) Expanding the support to Looked After Children in Haringey and living elsewhere to support their placements and equality of access to treatment.	
Family hubs - Haringey has received around £3.3M DfE funding to deliver Start for Life and Family Hub Services for children and young people aged 0 – 19 and their families over the next three financial years. The Family Hub model must create a network of welcoming family hubs that are for children and young people aged 0 – 19 physically, virtually and via outreach and publish a start for life offer. Services in scope include reducing parental conflict, debt and welfare support, mental health services, substance misuse support, youth services, housing support SEND support and Start for Life universal services. Triangle Family Hub is our first hub and opened on 28 June. The second hub launches in January 24 and hubs 3 and 4 launch in Jul 24.	

Risk/Issues	Mitigating Actions
SEND inspection – partners continue to prepare for the new joint CQC/Ofsted SEND inspection framework. It will be an inspection of the 'area' not just the council or the NHS. This new framework presents a real shift from the previous inspection which focused on compliance to outcomes for children and young people with SEND. There are three possible inspection outcomes: • The local area partnerships arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed. • The local area partnerships arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must jointly to make improvements. • There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes for children and young people with SEND which the local area partnership must address urgently.	The team preparing for the next inspection is learning from those London authorities that had already had their inspection under the new framework. Plans are in place and partners are working to collate the documents and further embed improvements.

Required HBP Exec Board Action / Input	Note the milestone in the SLCN partnership work as it prepares to begin borough wide roll out.

Haringey's new SLCN pathway

The wider implementation of the borough's improved support for SLCN work begins in September 2023, with Council and NHS investment into an enhanced Speech and Language Therapy service and a new Language Support offer in schools, working with education staff, children and parents to provide early support, based on need.

Support for all

Information and tips for parents and carers

Training for early years workforce and schools staff

Resources for early years and schools to use in daily learning and play

Helpful ways for professionals to identify additional needs and get the right support

Stay and play groups

Extra for Some Children

Group and 1-1 programmes in early years and school settings

Specialist therapy and specialist teacher guidance to schools

'Whole school' programmes on learning and mental wellbeing

Consistent screening and referrals to make sure children who need it are referred to specailist therapy input

Family Hubs

More for Those Who Need it

Speech and language therapy for children who require that

Specialist assessment and blocks of therapy interventions

Individualised support strategies and communication development

Therapists working in special schools and in 'teams around a child' with other professionals and NHS services

Specialist1:1 and group work

Speech Language and Communication Needs Transformation

Delivery of the new pathways & Investment to achieve it.

Support for All:

- Workforce development programmes for all Primary school and Early Years staff
- Screening tools & resources for all schools and universal health services, eg Health Visiting
- Public facing information, guides and advice on child development and getting more help

Extra for Some Children:

- 3 x Early Years Language Support Assistants & 3 x Primary Language Support Assistants delivering groups and enhanced support, alongside teaching and learning staff
- Additional specialist Teacher and Therapist capacity to support practice development and delivery
- Northumberland Park programme, targeted BAME groups and Early Years groups continuing.

More for Those Who Need it

- Expanded SLT capacity and delivery of consistent interventions for children
- Reduced pressure on services releasing capacity to recycle into interventions, reducing waiting lists and ensuring children without EHCPs get fair access to support

Fund	Value
ICB Inequalities Fund	£51k
ICB Core Offer	£206k
Council Safety Valve	£360k
Council Family Hubs	£187k

Age Well Partnership Board Report – July 2023

SRO: Miles, Vicky
Snr Leads: Paul Allen

START • LIVE • AGE

Key Achievements & Updates this month	RAG	Key Actions for Next Month
Early Help & Prevention: • Set up Ageing Well Training & Awareness-Raising project and working with partners/residents to agree content – launch in H2 2023/24 • Community Chest/Healthy Neighbourhoods for voluntary sector projects launched for 2022/23 • Working towards development of Community Participatory Budget for 2022/23 • Progressed multiple prevention projects including west locality project on frailty, joint work between primary care and sheltered accommodation, involvement with MH needs analysis and developing multi-agency solutions to improve social isolation & bereavement	G	• Continue to progress key EHP projects listed in achievements, including planning for VCSE infrastructure and Community Chest/Participatory budgets with partners and fit with localities, including west frailty project
Dementia • Action plan developed outlining agreed priorities between partners & those with lived experience with dementia, focus on awareness raising & improved coordination of support • Dementia Coordinator re-started Dementia Friendly Haringey partnership – first meeting launched • Dementia Steering Group restarted to better shape project delivery and outcome monitoring • Cross-NCL dementia group now scheduled to share learning and pool resources	A	• Progress dementia action plan: • Continue to strengthen and expand Dementia Friendly Haringey partnership increasing membership in next quarter • Work with practices with lower diagnostic rates • Improve multi-agency 'offer' to improve post-diagnostic support with residents and partners
Long-Term Conditions, Planned & Proactive Care • Mapping of existing LTC projects completed & priority areas identified for local implementation as part of LTC Board, including progressing IF Programme to support diverse communities • Proactive care **–** MACC – Team evaluation progressed with positive and largely equitable outcomes and reduced secondary care interventions for patients but could improve reach to community • Agreed ICB investment in falls service/network and mobilised multi-agency improvement project	G	• Fully establish LTC Programme Board and governance and progress its initial priorities • Finalise MACC Team evaluation with recommendations for improvement in August • Mobilise WHT falls service project investment & wider falls network development in next quarter
Crisis Management and Support for Recovery • Additional investment in NHS P1 Home First solution and Rapid Response (admission avoidance) with initial plan developed • P1 Home First project mobilised between ICB, Council & WHT to progress joint approach to support people at home – however, more work needs to be undertaken on threshold of need' • Continued to develop NCL-wide P2 approach, including planning changes to Canterbury/Capetown • Improved support for people with challenging housing environment/at risk of homelessness	A	• Agree interim arrangements to manage P1 home first patients between partners, including working together to resolve 'threshold of need' • Progress NHS P1 Home First and Rapid Response mobilisation projects and develop specification • Integrate P1/P2 solution development locally within wider NCL development of joint solutions

Risks & Issues	RAG	Mitigating Actions
'System shocks': Financial and operational demand-led pressures for housing, health and care services due to c. 20% increase in number of people with multi-morbidity/moderate or severe frailty between post-Wave 1 and now due to legacy of pandemic, and impact of cost of living has led to greater complexity of cases in community and hospital, which has also impacted on integration of services	R	Greater investment in community services, greater focus on better utilisation of joined-up planned care solutions. Better utilise investment to support recovery solutions
Capacity & recruitment issues associated with health and care professionals & rising costs with care providers impact of quality and delivery	A	Progress joint workforce planning between agencies and more intensive recruitment & retention amongst key staff, e.g. therapists, alleviated some pressures
Required HBP Exec Board Action / Input	Further develop processes for resolving Home First case disputes through Operational Adult Group.	

Dementia update

Key updates

- **Setting up a Haringey wide dementia working group** – Purpose of this group is to bring key partners across NHS, council and VCS together who are working on dementia to share plans, make sure we're aligned and identify opportunities to work together on shared priorities/areas.
- **BEH memory service challenges with post-diagnostic support** – met with BEH to talk through the challenges with post-diagnostic support. Identified some practical actions to help with this, including adding this as one of the first priority areas for the dementia working group to focus on.
- **Dementia charter** – Met with GP Federation data analysts to understand how EMIS and other data sources (e.g., Dementia QOF register) can be used to try to estimate the number of people diagnosed with dementia in Haringey on an aggregate level, what stage of disease progression they are in, and what setting they are likely to be in (e.g., care homes, sheltered accommodation, extra care facilities etc.). This will help us to understand how systematically we identify professionals/volunteers in the distributed network of people who could be the key contact depending on the level of need and circumstances of the individual (**see tiered approach on next slide and copy of charter**).
- **Improving diagnosis rates in primary care** – we have agreed with primary care colleagues an approach to take with this, which involves focusing on practices who have recently updated their GP extract data and are showing lower diagnosis rates. Primary care colleagues are identifying the best way to approach these practices to explore the reasons with them for their lower rates and supporting/encouraging them to improve these.
- **Dementia Reference Group** – held meeting on 13 July focusing on housing repairs and housing tenancy. Next Dementia Reference Group to focus on adjustments to the home.
- **Dementia and Safeguarding pack** – pack is being updated to simply the language and layout based on feedback received. Working with a young carer to do this.
- **Dementia reminiscence and carers therapy pack** – packs continue to be developed. Have linked in with BEH to ensure these packs are included in the post-diagnosis support information pack they are developing.
- **Dementia Friendly Haringey** – next event on Friday, 11 August.
- **Ageing well training – Dementia Champions Module** - Ageing well training TaF group have agreed for dementia to be a module offered under the champions theme. We have begun to identify topics for the module to cover, and existing resources that can be included as part of it.
- **Dementia plans** – we continue to develop our plans for dementia and anticipate the Haringey wide dementia working group will help to inform and shape our high-level plans

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North Central London Integrated Care Partnership

Tuesday 11 July 2023; 15:00-17:00

Committee Rooms 1 and 2, Islington Town Hall, Upper Street, Islington, London N1 2UD

	Item	**Page**	**Time**	**Lead**
1.	**Welcome and Introductions**	Oral	15:00	Chair
2.	**Minutes and Actions**	Page 2	15:10	Chair
3.	**NCL Inequalities Fund – Evaluation**	Page 12 *Also see Appendix A and Appendix B*	15:15	Sarah D'Souza
4.	**Mental Health** • **CAMHS Deep Dive** • **Adult Mental Health Emergency Pathway**	Page 15	15:50	Sarah Mansuralli
5.	**Discussion on future NCL workshop on the delivery of the Population Health and Integrated Care Strategy**	Oral	16:30	Chair
6.	**AOB**	Oral	16:50	Chair

North Central London
Integrated Care Partnership
11 July 2023 - Action Log

On Agenda	🔵
Needs Urgent Update	🔴
In Progress	🟡
Completed	🟢

Meeting Date	Action Number	Action	Lead	Deadline	Update
18 April 2023	1	**Childhood Immunisations – Test and Learn Paragraph 2.1.8** To provide a summary of the immunisations work to the ICB Board.	Dan Glasgow	August 2023	It is planned to take a summary to the Editorial Board in August 2023.
18 April 2023	2	**Discussion – challenges and opportunities for 2023/24 Paragraph 3.3.2** To bring a paper on the position with regards to the development of place based working and Borough Partnerships (opportunities and challenges) to a future meeting.	Sarah McDonnell-Davies/ Dawn Wakeling	October 2023	The Leadership Centre report for NCL is now available. London work on the relationship between system and place led by PPL is progressing and draft findings are being developed. Within NCL, reflections on opportunities and challenges are being gathered from Borough Partnership leads to inform a paper for October 2023.

18 April 2023	3	**Population Health and Integrated Care Strategy Paragraph 4.1.3** To facilitate a discussion on the Population Health and Integrated Care Strategy delivery plan, timescales and milestones.	Sarah Mansuralli/ Will Maimaris	September 2023	A workshop for system partners to discuss the priorities and delivery of the Strategy is being planned and due to be held by September 2023.

Draft Minutes

Meeting of North Central London Integrated Care Partnership

18 April 2023 between 12pm and 2pm
Arlington Room, Laycock Centre, 28 Laycock St, London, N1 1SW

Present:	
Cllr Kaya Comer-Schwartz	Leader, Islington Council (Chair)
Cllr Peray Ahmet	Leader, Haringey Council
Cllr Barry Rawling	Leader, Barnet Council
Cllr Anna Wright	Camden Council
Cllr Nesil Caliskan	Leader, Enfield Council
John Hooton	Chief Executive, Barnet Council
Linzi Roberts-Egan	Chief Executive, Islington Council
Frances O'Callaghan	Chief Executive Officer, NCL Integrated Care Board
Jon Abbey	Corporate Director, Children's Services, Islington Council
Nnenna Osuji	Chief Executive, NMUH
Dr Chris Caldwell	Chief Nursing Officer, NCL Integrated Care Board
Sara Sutton	Assistant Director for Place-based Commissioning and Partnerships, Haringey Council
Will Maimaris	Director of Public Health, Haringey
Alpesh Patel	Chair, GP Provider Alliance
Doug Wilson	Statutory Director of Health and Adult Social Care, Enfield Council
Phil Wells	Chief Finance Officer, NCL Integrated Care Board
Darren Summers	Deputy Chief Executive, Camden and Islington NHS Foundation Trust
Kirsten Watters	Director of Public Health, Camden Council
Dr Jo Sauvage	Chief Medical Officer, NCL Integrated Care Board
In attendance	
Sarah Mansuralli	Chief Development and Population Health Officer, NCL Integrated Care Board
Sarah McDonnell-Davies	Executive Director of Place, NCL Integrated Care Board
Dawn Wakeling	Executive Director Communities, Adults and Health, Barnet Council
Dan Sheaff	ICS Policy Lead, North London Councils

* Standing Participant

Amy Bowen	Director of System Improvement, NCL Integrated Care Board
Jose Acuyo	Head of Population Health Commissioning, NCL Integrated Care Board
Dan Glasgow	Director of Vaccination Transformation, NCL Integrated Care Board
Apologies	
Mike Cooke	Chair, NCL Integrated Care Board
Martin Pratt	Deputy Chief Executive and Executive Director of Supporting People, Camden Council
Beverley Tarka	Director of Adults, Health and Communities, Haringey Council
Jinjer Kandola	Chief Executive Officer, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust
Dominic Dodd	Chair, UCL Health Alliance
Cllr Georgia Gould	Leader, Camden Council
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Minutes	
Steve Beeho	Senior Board Secretary, NCL Integrated Care Board

1.	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed attendees to the Meeting. Apologies had been received from Mike Cooke, Caroline Clarke, Jinjer Kandola, Beverley Tarka, Dominic Dodd, Cllr Georgia Gould, Martin Pratt and Baroness Julia Neuberger.
1.1.2	Jon Abbey and Kirsten Watters were attending on behalf of Martin Pratt (Jon as Directors of Children's Services deputy and Kirsten as Camden Council deputy). Sara Sutton was attending on behalf of Beverley Tarka and Darren Summers was attending on behalf of Jinjer Kandola.
2.	**Childhood Immunisations – Test and Learn**
2.1.1	Dr Chris Caldwell and Kirsten Watters, Joint SROs of the Childhood Immunisations programme, introduced the paper. It was noted that this area of work had been identified as a priority for collective action at the previous meeting. Discussions have taken place around how to accelerate work on this at the Borough level, building on system learning from delivering Covid vaccines to address the high level of variation and poor uptake in certain communities. There is an over-arching goal for all children in NCL to be fully vaccinated by the time they start school. Good progress been made on this but it is not evenly spread, so there is a focus on accelerating this to make a difference across NCL.
2.1.2	It was noted that the decline in immunisation uptake figures pre-dated the pandemic. The decline in London was steeper than other areas, and this was also leading to a widening of health inequalities. Work is taking place to engage communities across London. NCL is at the forefront of a lot of this work, particularly with regards to faith forums and its hyper-local approach. There have been welcome increases in take-up of MMR1 and MMR2, which reflects excellent work at a system level and in borough, especially in identifying where children are coming forward late for vaccinations.

2.1.3	It is clear that there are inequalities across every immunisation programme and with respect to ethnicity, age and deprivation and these inequalities widen as children get older. There is an urgency to focus on the under-fives, while also recognising the importance of the adult programmes as these have a significant impact on health system resilience. Robust, equitable and high immunisation uptake is at the cornerstone of population health systems, so the work that is now taking place to build trust and demand for vaccines, will provide a strong platform for implementing future population health strategies.
2.1.4	Each Borough has a delivery structure in place, including leadership via an Immunisations and Vaccinations Steering Group. This is facilitating work locally and supporting a hyper-local approach to delivering immunisation programmes. The paper contained examples of key actions working with local communities and how this is being shared to support the principle of 'once for NCL' where this will optimise impact. It is important to ensure that robust systems are in place to maintain data quality and that the NCL workforce - especially in public health, primary care, community, health visiting and maternity services - is utilised effectively as part of a whole system approach. There is targeted communications and engagement, building on the learning from the pandemic. Community outreach is being used to provide added value across other Population Health challenges, such as screening and health promotion.
2.1.5	It was noted that although the Vaccination programme is currently regionally commissioned, the excellent work taking place on delivery will put NCL in a strong position in the future when it is able to have more local control over meeting the needs of its communities as part of the anticipated Section 7(a) delegation in 2024/25.
2.1.6	ICP members then discussed the paper, making the following comments: • The importance of children being 'school ready' was acknowledged. Health visitors have an important role to play pre-school and it will be important to engage with them, along with midwives, maternity teams and school nurses so that they can be supported to have the right conversations. • The forthcoming changes to Section 7a of the Children's Act will enable a more consistent approach to vaccinations in schools • Two recent child deaths in one Borough from a disease that children can be immunised against, underlined the potential consequences of not being vaccinated • Childhood Immunisations is embedded in the main GP contract, with separate commissioning by NHS England for school-age service provision. • Community pharmacy became a key site for delivery during the pandemic, , but there is no mechanism to support them to deliver Childhood Immunisations ongoing. The recent Phase 1 Polio campaign demonstrated that there is untapped potential • Digital infrastructure (for example around 'Call and Recall') isa barrier within the neighbourhood model and the ICS needs to consider what can be done to address this • It was highlighted that Camden Council have gathered a large amount of data on pre-school children to help them understand whether local children are fully immunised, a healthy weight and have speech and communication needs etc. This is being used to engage families who may be more receptive to advice during the transition to school period • The lack of a regional population health management system to track immunisations makes it important to use opportunities such as attendance at A&E, to 'make every contact count' and gather data locally. • Concern was expressed about signs of vaccination fatigue in the community and the apparent lack of a joined-up approach in Haringey around recent polio vaccinations • Spring Covid boosters will only be offered to vulnerable populations, including children. Paediatricians and nurses in hospitals will be key in driving this message, but it is recognised that they are often under considerable pressure, so innovative thinking will be needed to support them in making every contact count • There was general agreement that it would be helpful to set some targets and associated timelines but these would need to be agreed collectively. • It was noted that the first step was to refresh workplans identifying what can be implemented quickly in each Borough with predicted impact.

	• The ICP is keen to support 'big ideas' and the report demonstrates the value of an ICP providing the authority to work together on common goals • It was agreed that Dan Glasgow would provide a summary of this for the ICB Board.
2.1.7	The NCL ICP **NOTED** the progress, next steps and key challenges.
2.1.8	Action: Dan Glasgow to provide a summary of the immunisations work to the ICB Board.
3	**Our Borough Partnerships - delivery and development**
3.1	**Updates on local priorities and progress**
3.1.1	Sara Sutton provided an update on work in Haringey, which included the following: • Haringey Borough Partnership have selected Community Mental Health as its *Test and Learn* area. Approximately 9% of the population have a recognised diagnosis of depression and the percentage diagnosed with severe mental illness (1.4%) is higher than the average across London (1.1%). • Work has been taking place to build the foundations for delegated decision making within the Borough Partnership through the development of Outcome Improvement Priorities and improving oversight and understanding, particularly around mental health investment and transformation activities. • An external review of Council-commissioned mental health service provision has also been commissioned • Alongside the above, a Section 75 Review will take place over the next six months. This will help the ICB and Council identify transformation priorities for services in the scope of the S75. It should also help partners consider and articulate how shared decisions might be taken together and via the Borough Partnership.
3.1.2	Kirsten Watters provided an update on work in Camden, which included the following: • A Section 75 review is taking place to look at the extent to which this reflects the Borough Partnership priorities while also seeking to identify opportunities for efficiency and improved outcomes. • The review will also look at how Public Health Grant priorities are aligned with Section 75 and Borough Partnership priorities • There is local work on alignment across partners key strategies and plans. Population health approaches are being woven through the Borough Partnership plan, on to the Health and Wellbeing Strategy and through to the Population Health and Integrated Care Strategy.
3.1.3	Dawn Wakeling provided an update on work in Barnet, which included the following: • The Autism pathway and the commissioning of the care market have been identified as *Test and Learns*. • A multi-disciplinary model is now in place for frailty and dementia across all Primary Care Networks (PCNs) and an integrated paediatric MDT model is currently in development in four out of seven PCNs • A community mapping exercise has been carried out to identify the resources available at PCN level for adult services and voluntary and community initiatives. • The Borough Partnership's Joint Dementia Strategy is due to be agreed • The Barnet Innovation Fund has to date awarded £820,000 to 47 voluntary and community sector projects. • Following a recent tender, external analysis will shortly be carried out on the Barnet 'Health and Care Pound', looking at what is spent in Barnet across the system.
3.1.4	Linzi Roberts-Egan provided an update on work in Islington, which included the following: • An Integrated Front Door is being developed between health and social care to provide a single place for joint triaging of caseloads

	• In order to reduce hospital admissions, the Recovery Service is addressing thorny issues through multidisciplinary working and short-term interventions which often require the involvement of more than one agency • There are now three physically and virtually co-located Integrated Community Teams working across the Borough, building on the learning from an earlier pilot. • The mental health framework is being embedded to improve the effectiveness of the response to patients in the community and this is now bearing fruit.
3.1.5	Doug Wilson provided an update on work in Enfield, which included the following: • The Enfield Borough Partnership has new Co-Chairs - Nnenna Osuji and Alpesh Patel have been appointed to these posts. • There is a strong focus on early intervention and prevention under the CORE20PLUS5 model, with a particular focus on obesity, smoking cessation and improved self-management of long term conditions • Community hubs have been set up and are working well. • Partners are looking at the S75 and at areas which the Partnership could take a more integrated approach to with more decisions taken via the borough partnership, such as voluntary sector contracts.
3.2	**Update on London-wide and NCL work**
3.2.1	Dawn Wakeling and Sarah McDonnell-Davies provided an overview of London-wide and NCL work taking place: • The Place Decision Framework – a document which outlines our approach to working together at place in NCL, continues to be developed. It is owned by the Place Editorial Board, an externally facilitated space which brings leads together to consider how we drive maturation of these arrangements and ensure an effective and complimentary relationship between system and place. • Test and Learn projects will provide valuable learning about what it takes for the Borough Partnerships to mature and take on a leadership role in the system. • The Leadership Centre, which has been facilitating some of this work, are providing a final report to inform our next steps and ongoing development. • Work is also ongoing on a 'roadmap' which describes an 'end state' and the key enablers needed to create truly impactful Borough Partnership arrangements where partners work together to take and optimise their decisions and impact. • As agreed at the last meeting, a piece of work to look across London at arrangements in each ICS regarding the relationship between system and place has commenced. PPL have been commissioned by the London office of ICB Chief Executives to undertake this work and have drafted an initial outline of what this will entail. • This report will cover a range of areas , including looking at the different visions for Borough Partnerships, the way that authority / decision making and infrastructure is working across the systems, and understanding how history, context and relationships influence the approaches being taken • Learning will be gathered from each system. It is anticipated that an initial draft report will be available in Autumn.
3.3	**Discussion – challenges and opportunities for 2023/24**
3.3.1	ICP members then discussed, making the following comments: • The system has undergone numerous reorganisations as we work towards integration and develop a population health approach to tackling inequalities. • It is essential that the borough partnerships take this forward by committing to delivering genuine change through a focus on early intervention and prevention and building more integrated workforce models • It is important to ensure that the Borough Partnerships have sufficient resource and capability to drive real change on the ground. • It is recognised that local partners coming together to take decisions in the collective best interest will be challenging.

	• Building on the reflections from the Leadership Centre, it might be helpful at the next meeting to consider what we are sponsoring as system leaders and what tone we are setting to drive the types of decisions that allow for integration • It was suggested that further thought needs to be given to how the ICP might come to understand the sheer breadth and depth of the work underway under each of the Borough Partnerships. Although the verbal updates are helpful, they inevitably only scratch the surface of the work taking place. Although it would also be helpful to identify the 2-3 key things each borough needs to deliver locally • School readiness is a major area for integrated working. Schools are having to contend with an increasing number of Tier 1 mental health challenges and we know the whole issue of 'school readiness' links back to having a good home environment. A holistic approach is needed across the system that gives young people the best start in life, with the right resource in place • The system needs to strike a balance between tailoring local solutions and an NCL framework with an evidence base in order to offer equitable solutions to the entire NCL population • Significant sharing and learning is taking place both within Borough Partnerships and across them via the Editorial Board. It would be helpful to collectively share where we have struggled to date, and what the Leadership Centre said about where we should be going in the medium term. It was agreed that Sarah McDonnell-Davies and Dawn Wakeling would bring a short reflective paper on this theme to a future meeting for discussion.
3.3.2	Action: Sarah McDonnell-Davies and Dawn Wakeling to bring a paper on the position with regards to the development of place based working and Borough Partnerships (opportunities and challenges) to a future meeting.
4.	**Population Health and Integrated Care Strategy**
4.1.1	Dr Will Maimaris and Sarah Mansuralli introduced the paper, making the following points: • The draft strategy has been further revised in light of feedback at the last meeting • It has now been presented to the five Health and Wellbeing Boards, all of whom were supportive • The main changes in the document relate to the key delivery areas • The strategy identifies a series of levers that could shape how we work as a system, including aggregating resources • The ICB Board has identified the need to reach a level of granularity within the delivery plans so that plans are in place for each key delivery area and the levers for change. • Some of these will be much more system-oriented while others will need to be driven via Borough Partnerships. • It is important that these delivery plans are aggregated and a discussion takes place regarding the outcomes frameworks and metrics we set ourselves • The transition to delivery will be based on three key horizons – 0-18 months, 18-36 months and longer than 36 months. It is recognised that the first phase is both a foundational and transitional period, where we need time to create the system infrastructure and architecture to monitor and deliver. • It is important that the strategy is socialised within, owned and recognised by every organisation in the system. • The significant cultural change needed to deliver this strategy will come about by creating an awareness of what we are trying to achieve while also enabling and empowering teams to work differently by thinking more holistically about wider determinants and root causes • The prevention/early intervention approach set out in the strategy is key to the future sustainability of public sector services. • Partners will need to champion people change within their respective organisations and there is a standing offer for Sarah Mansuralli and Will Maimaris to come to speak to leadership teams about what this means for their organisations • Conversations to date at Borough Partnership level have been highly positive, with a lot of alignment and willingness to deliver PHIS priorities.
4.1.2	ICP members then discussed the paper, making the following comments:

	• It is important to think about population health in both the here and now, as well as looking ahead 18 months. • Although the system has responded well to mitigate the impact of the recent industrial action, it is impossible to quantify at this stage how many people were not booked in for operations or significant appointments as a result of the strikes. When patients have a hospital appointment booked they are already some way down the pathway in terms of prevention. There is already a concern among the public that they will have to wait a considerable length of time for hospital treatment and the industrial action has exacerbated this perception. These factors underline the need for an even greater emphasis on keeping well and an increased focus on prevention. • The recent Kings Fund report, *The rise and decline of the NHS in England 2000–20*, talks about shifting funding from hospitals into the community, but notes there has been a reduction in the proportion of NHS funding being spent on primary care. However, when the NHS is in a planning round and hospitals have deficits, its extremely challenging to divert funding elsewhere. Investing outside hospitals will require collective courage and will be difficult. • Getting frontline staff to think more about preventative healthcare and do things differently when they are already extremely pressurised will inevitably be challenging. To address this, leaders should think about how best to ask people to do a limited number of different things • It is important to view the current situation in the context of declining health outcomes in the aftermath of Covid and the cost of living crisis, as well as health and care system pressures. The system therefore needs to focus on health promotion as well as its hyper-local 'offer' for those people who are yet to become unwell • Although an increased emphasis on making every contact count would bolster secondary prevention, there is clearly room for improvement in health literacy in the general population. Some of the recent regional work around access, suggests that this educational work hasn't been done as well lately as it has been in the past, as it has not been systemic or far-reaching enough • Partners should use this difficult time to encourage the public to take responsibility for their health and promote greater self-reliance • The experience of colleagues feeling re-inspired after being moved from hospital work to deliver Covid vaccinations in the community, shows how really thinking about local communities and populations can provide an opportunity to re-energise staff • It was acknowledged that NHS financing can make long-term planning more challenging compared to the greater freedom that local authorities have in this area. The system needs to get better at economic analysis to identify and demonstrate how investment can deliver financial savings further down the line. • There are terrific resources in NCL, such as UCL, cancer charities and the Crick Institute which we need to leverage • It was further noted that financial planning will be critical to create the headroom to invest in population health improvement approaches. The strategy offers a lever to align resources to need, building on the recommendations in the recent Hewitt Review about investing in early interventions in primary and secondary care • Although the strategy is welcome, there is a risk that if the short-term challenges are not rapidly addressed, any efforts around the long term will be dissipated and there will be a general decline. Although the challenges facing the system are not new, there has been a noticeable change in public attitudes towards the NHS. This is exemplified by a growing belief that it is not worth phoning for an ambulance and the increasing number of residents going private because of concerns around access to primary care • It is also recognised that it is important to have service users and residents involved in the development of local delivery plans as part of a commitment to co-production • It was agreed that Sarah Mansuralli and Will Maimaris would facilitate a discussion on the delivery plan, timescales and milestones • It was also noted that it has been suggested that the Strategy should be discussed at an ICB Board Seminar, looking at access, workforce and sequencing/prioritisation.
4.1.3	The NCL ICB **ENDORSED** the Population Health and Integrated Care Strategy.

4.1.4	Sarah Mansuralli and Will Maimaris to facilitate a discussion on the Population Health and Integrated Care Strategy delivery plan, timescales and milestones.
5.	**Actions and next meeting**
5.1	There was no other business. The Chair thanked members for their contributions.
5.2	The next meeting would be held on 4 July 2023. This was subsequently rescheduled to 11 July 2023.

Inequalities Fund – Evaluation Update

- Purpose of NCL Inequalities Fund was to develop innovative and collaborative solutions to entrenched health inequalities, driven by lived experience and co-produced by local communities. The funding was predominantly allocated (70%) in proportion to deprivation with remainder on non-geographically based need.
- Developed in line with evidence including Fenton (*Beyond the Data*) and Michael Marmot, and flagged at outset that we would be measuring impact using both traditional and new / different methodologies, in line with evidence
- Robust monitoring framework implemented, which took into account individual scheme metrics and wider reach and ripple across the system. In addition, Middx University were commissioned to review the levels of co-production with schemes and the effectiveness of this
- The paper describes high performing schemes to give a flavour of what success looks like, whilst also highlighting broader positive changes and ways in which we can apply lessons to the wider system
- High performing scheme examples
    1. Severe and multiple disadvantage in Haringey – linking housing, mental health, VCSE together for proactive response – reduced A%E attendances by 800, can assume admissions by 80 (cohort of 120)
    2. Barnet CVD peer support – 50% showed blood pressure reduction
    3. Black Health Improvement Programme – overwhelming positive feedback from practices

Inequalities Fund – wider lessons learnt

Broader positive changes

- Kick started innovation at borough level through delegation of funding
- Successful example of system / borough working, with system determining need based on agreed comparative data (deprivation) but boroughs driving innovative using local insight and intelligence
- Local community empowerment schemes built trust and relationships with underserved communities – demonstrating the importance of time spent identifying higher risk communities and developing connections

Challenges

- Timescales – addressing entrenched issues requires commitment and time. There were challenges in recruiting staff from underserved communities, and demonstrating impact will take longer – but evidence shows the importance on focusing on prevention, not just avoiding crisis
- Measurement – we are keen to ensure measurement that reflects what's important to specific communities, but are mindful that this limits at scale measurement. Key themes have been identified – e.g. building trust etc, to demonstrate progress made.

System wide learning

- The Population Health Improvement Strategy makes a commitment to align resources to need.
- The Inequalities Fund shows the impact that can be made through allocating resource at a system level to areas of greatest need. To ensure this flows through all workstreams, we propose collecting / reporting the right data to ensure we understand where our greatest needs are – e.g. ethnicity, deprivation, age and gender in all services – and that **resource is aligned to these needs**
- Demonstrating impact over short time scales is challenging. Augmenting this by measuring performance in all our standards through an **equity lens** – would ensure we are identifying high need segment of our population and **demonstrate progress**

Questions for ICP

- The Population Health and Integration Strategy makes a partnership commitment to **align resources to needs**. The Inequalities Fund is an example of this. **What other actions should we take as a partnership to develop this approach?**

- Measuring the impact of the Inequalities Fund has been challenging and has involved us thinking more broadly about how we do this. **What approaches should we use to demonstrate improvement in equity for our population at system, borough partnership and organisational level?**

- **Co-production** with communities most impacted by health inequalities is at the heart of the Inequalities Fund schemes. **How can we take the learning from this work and apply this more broadly to our system transformation work?**

- **How should we build on the Inequalities Fund work as a system in the future?**

Integrated Care Partnership

CAMHS ‘deep dive’

Adult Mental Health Emergency Pathway

CAMHS ‘deep dive’

Executive Summary

- North Central London has made **significant progress in achieving the vision set out in the NHS Long Term Plan,** which was **supplemented by the NCL core offer** for Mental Health to further target variation in offer across our system.
- However, even since the LTP and core offer, mental health need among children and young people has increased **locally and nationally**, with rates of probable mental health conditions increasing to 1 in 6 for 7–16-year-olds and 1 in 4 for 17-19.
- We know that supporting children and young people with mental problems **requires system-wide collaboration** and the NHS cannot do it alone. Community assets and other public services are crucial in the support we offer to children and young people.
- In supporting children and young people, **we have identified 5 key challenges for our system**, which are:
  1. We have **fragmentation** in our offer based on geography and historic investment and service provision;
  2. One aspect of variation in service provision is that our providers utilise **different EPR systems**, meaning local people cannot easily move between services across our ICS footprint without telling their story more than once;
  3. **Spend per head varies significantly by Borough** and further work is required to relate investment to mental health need;
  4. **Performance and waiting times** post-Pandemic remains challenged in most areas across NCL;
  5. **Investment and collaboration must prioritise addressing access, experience and outcomes**. Effective collaboration between providers and system partners will be required to address these challenges and ensure the planned impact for the CYP population of NCL.

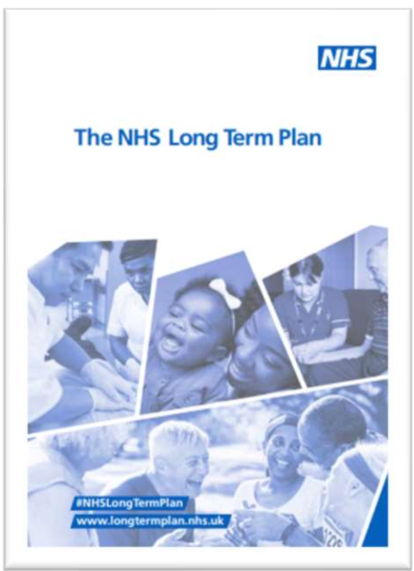
North Central London has made significant progress in achieving the vision set out in the NHS Long Term Plan

Access: LTP ambition for NCL 0-25s accessing support from NHS funded mental health services is 25,478 for 2023/24, contributing to the national (345,000) target

MHSTs: Mental Health Support Teams in schools and colleges. Prevention, early intervention and whole school approach planned for 20-25% of the country. In NCL there are 16 MHSTs covering *45% of the ICS.

**NHSE calculation of coverage – 8,000 CYP population per team*

Waiting time pilots: NCL boroughs (Camden and Haringey) were part of the national 4 week wait pilot. Waiting time target performance is a core NHSE and ICS priority



Eating disorders investment: Boost funding in to Eating Disorders and Eating difficulties services to recover and sustain waiting time targets and enhance pathways and intensive support. NCL invested £711k at RFL and £366k at T&P in CYP ED services from 2022/23

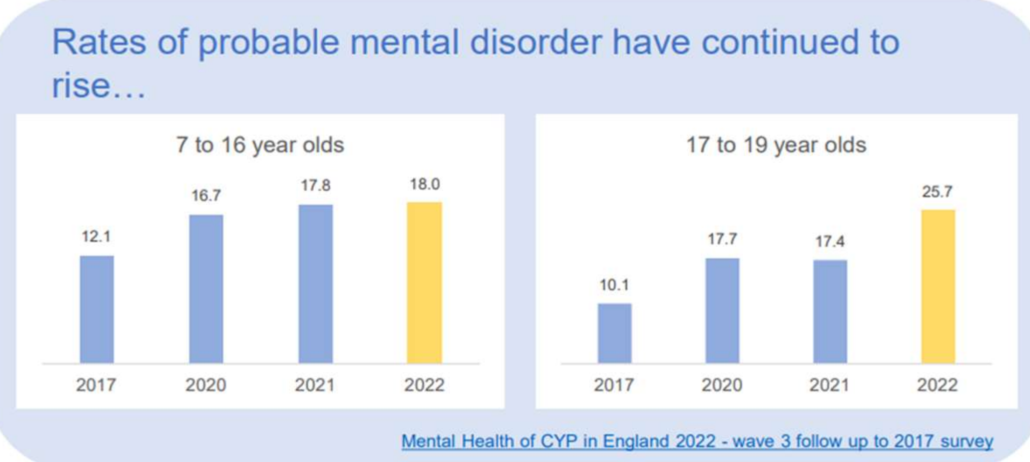
Crisis: By 2023-24 NCL will have achieved 100% coverage of 24/7 age-appropriate crisis provision for CYP, combining crisis assessment, brief response and intensive home treatment functions (including via the all-age crisis helpline developments brought forward during the pandemic, and NHS 111)

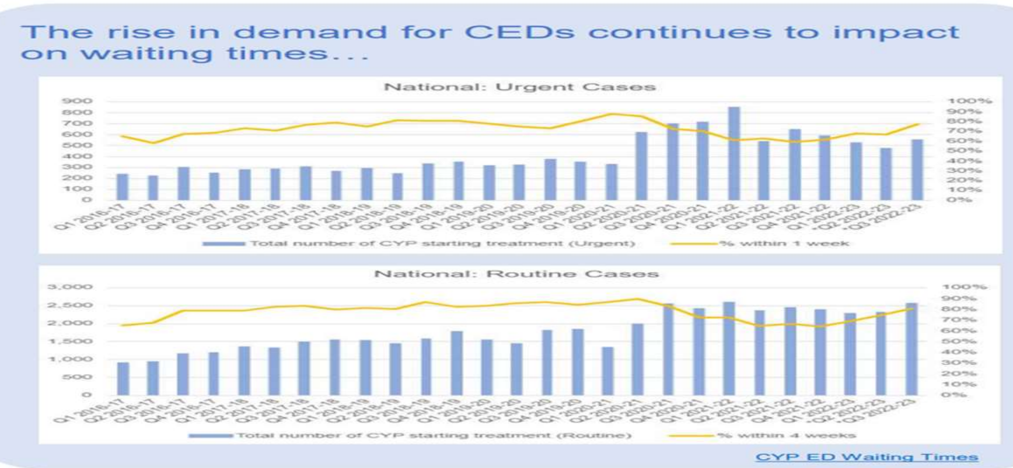
Local needs-based inpatient provision: NCL CAMHS providers are part of the NCEL CAMHs Provider Collaborative (Tier 4/inpatient). Savings from reduced out of area placements and lengths of stay have been invested in NCL

Mental health need among children and young people has increased locally and nationally

The national picture tells us that even since the LTP and core offer that needs continues to increase. We know that:

- **Rates of probable mental health conditions have increased** in 7 to 19 year olds in England. It was estimated to be 1 in 9 or 10 in 2017. Now it's 1 in 6 for 7 to 16 year olds – five in every classroom, and 1 in 4 for 17 to 19 year olds.[ii]
- "Intentional self-harm; and event of undetermined intent" (suicide) was the **leading cause of death** for both males and females aged **5-19** (and 20-34) in England and Wales in 2021.[iii]
- 1,145 children and young people (aged under 18) in the UK died by suicide in (the eleven years) 2010-20.[iv] A yearly average of 104 deaths. One child or young person every three days. **80% of the children and young people who died by suicide had no contact with local NHS** mental health services / CAMHS.
- These non-demographic factors will be **exaggerated by demographic growth for CYP in NCL**, with the population of under 18s across NCL is expected to increase by 1.8% (over 6000 CYP) between 2020 and 2030, with the largest increase expected in Islington. The largest increase by age group is expected among the 12-17 age group (+11.5%).





Overview and 5 key challenges for the system

- North Central London ICB spends £54m on Community CYP MH services, £49m of which is with our main CYP MH providers (BEH, C&I, RFL, T&P and Whitt). The remainder being in the VCS sector, either through MHSTs or the Early Help and Prevention offer at borough level.
- In May 22, as a system, we **agreed that BEH MH Trust would become the lead organisation for CYP MH services** across NCL, including the **implementation of a CYP MH Core Offer**. In July 22, ICB and Local Authority leaders met to shape the proposal for a lead organisation.
- The lead organisation has been a consensus-based approach to bring about **greater consistency, mutual aid and collaborative working**. This approach has brought more capacity to the leadership of the CYP MH system, it has built on the positive partnership working shown through the pandemic response.

Challenges to collectively address in community CYP Mental Health

#	Challenge	Description
1	Variation in offer	Despite BEH being the lead organisation for CYP MH services, there is still a complex provider landscape and **significant variation** in the CYP MH offer across NCL. The extent of fragmentation remains concerning (Barnet have a North and South service), with children and young people needing to be referred between providers for different types of care, which has a negative impact on waiting times.
2	EPR systems	This fragmentation of provision impacts operational teams who are having to navigate between **multiple EPR systems**. Multiple EPR systems meaning communication and integration is challenging operationally for our staff.
3	Finance	**Spend per head on both NHS and non-NHS services varies significantly by Borough** is not aligned to caseload per 1000 population. Spend per head varies significantly by Borough and further work is required to relate investment to mental health need.
4	Performance	Whilst workforce numbers have increased as a result of significant additional investment (CYP MH has had the highest rate growth in investment from the MHIS), **performance remains challenged with access**, eating disorders waiting times and long waits for community CYP MH services.
5	Prioritising impact	**Investment and collaboration must prioritise addressing access, experience and outcomes**. Effective collaboration between providers and system partners will be required to address these challenges and ensure the planned impact for the CYP population of NCL.

Questions for discussion

For discussion

What can partners do differently to address the issues of fragmentation and variation of services, siloed patient information, alignment of resource to need to improve CYP mental health support in NCL?

NCL ICB are convening CEOs of CAMHS provision to explore options to address the challenges outlined on the previous slide. Are there any crucial issues missing that the NHS needs to address together?

Adult Mental Health Emergency Pathway

Objectives of update and context on the challenge of out of area placements (OAPs) and long length of stay (LoS)

Objective of update

To demonstrate some of the progress that we have made with regard to reducing out of area patients, length of stay but also highlight the challenge/risk of the Right Care, Right Person initiative on this area and the work we need to do with Met Police and others to address this.

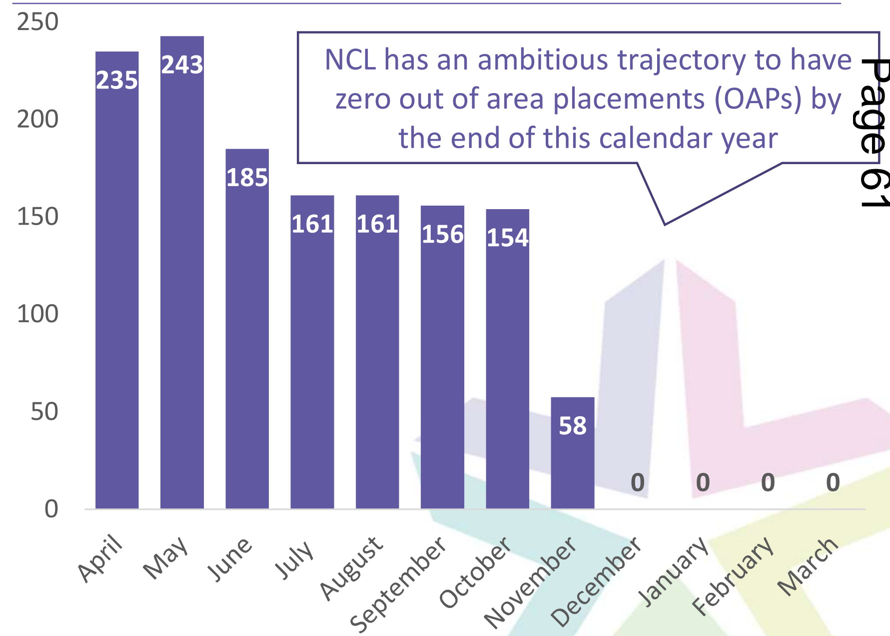
Eliminating OAPs for acute inpatient MH care is a key target for NCL. They are not the best for patients and significantly more expensive than placing within NCL. They are the **result of unoptimized utilisation of the MH bed-base** in NCL.

Optimising utilisation is driven by addressing 3 key areas:

1. **Admission prevention through improved pre-admission**
2. **Improving flow within the hospital**
3. **Expediting discharge to a lower acuity care settings**

The NLMHP is delivering the 10 high impact actions to support reducing both admissions to and LoS in acute inpatient MH care.

Mitigating actions around Right Care Right Person are being implemented to address risks around wider provision of emergency MH support, which will be to ensure that improvement trajectories for OAPs and LoS are met.



Initiatives to reduce admissions and LoS by creating OOH crisis options and improving flow and discharge

The NLMHP is delivering 10 actions for discharge programme and partnership QI programmes for pre-admission, inpatients and post discharge care. This is being supported by expanded provision of out of hospital emergency care settings in the Community in Line with Core Offer and LTP developments.

1. Admission prevention through improved pre-admission → **2. Improving flow within the hospital** → **3. Expediting discharge to a lower acuity care settings.**

Efforts to reduce unnecessary admissions by creating OOH crisis options:

- **24/7 MH crisis line**, to switch to 111*2 (self-referral)
- **S136 Hub** for north London (see slide 12)
- **Crisis alternatives**: Cafes and Houses (self-referral)
- **Crisis Resolution and Home Treatment service** (for those people who are clinically assessed as being acutely unwell)
- **MH Liaison service** in every Acute hospital, providing support across departments
- Health-based **Place of Safety** (5 across NCL, excluding Emergency Departments)

Strategic actions and operational improvements

- Implement RiO Flow Operations tool for increased system support and flow management
- Care formulation / planning in 72 hours
- Daily review e.g., Red2Green
- Identify common reasons / solutions to delay. Start reviewing those who are Clinically Ready For Discharge and those with Length of Stay > 60/90 days
- Review and regular partnership Multi Agency Discharge Events LoS > 60 days for complex discharges - reducing long stay patients and has artificially increased average LoS but this is creating greater flow across the Partnership
- Identifying barriers to discharge early with partners and action to address
- All parities given 48 hours-notice of discharge
- Forensic pathway improvements (Ministry of Justice) and developed escalation process for Psychiatric Intensive Care Unit
- MH system engagement from LA Housing, Social Care and ICB Complex Care

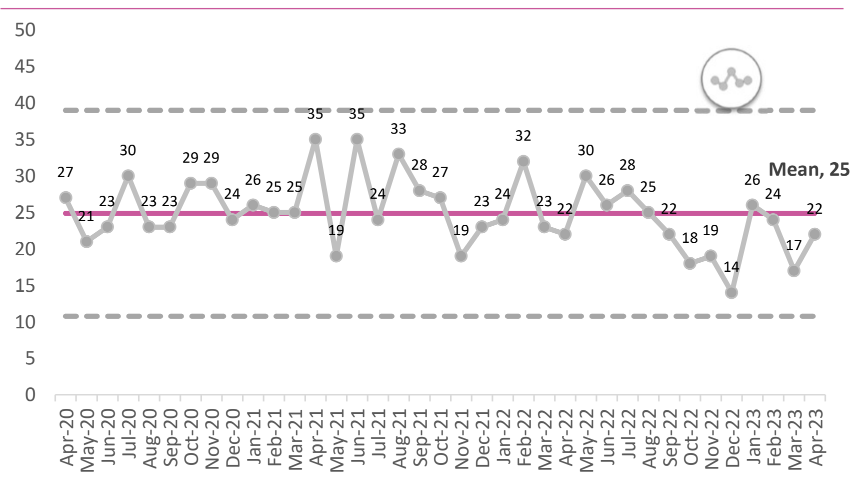
There have been improvements in acute inpatient flow across the Partnership with a reduction in OAPs

- Long Lengths of Stay (over 60 days) have increased across both sides of the Partnership over the last three years While 60% of admissions are under 30 days - 80% of total OBD capacity is consumed by the other 40% of admission numbers
- Significant progress has been made in recent months to reduce average LoS to the 32 days necessary to operate within NCL core bed base (296 beds)

- There has been a recent decrease in Out of Area OBDs, following a peak in December 2022, due to the ongoing concerted effort from the operational teams, improving delays and programme to improve discharge and flow
- Performance: 259 OAP OBDs per month for May 2023 - 60% lower than last three years average. OAPs costs totalled £382k for the first two months, this is £75K high than trajectory. Year-to-date costs are however 50% lower than the monthly average in 22/23

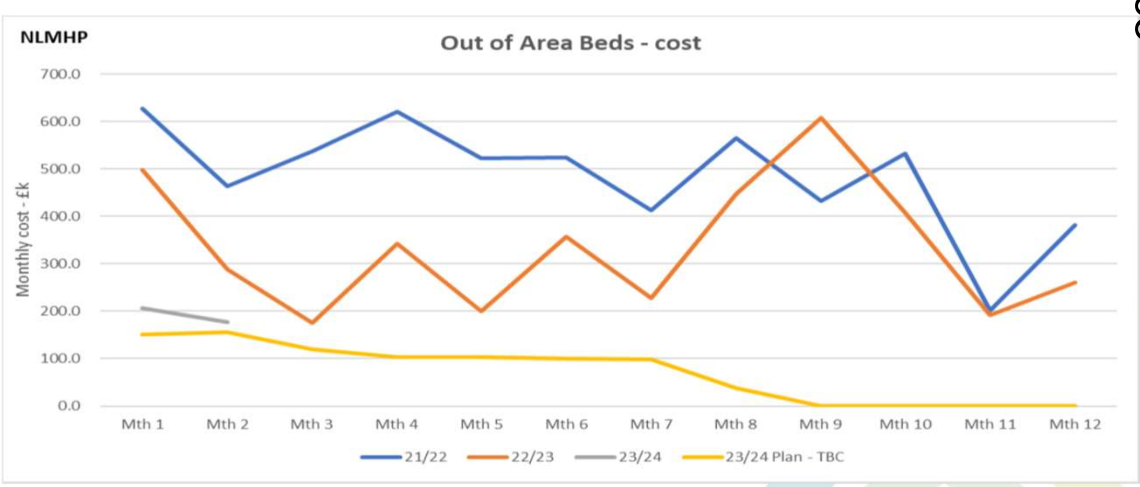
Over 60 days length of stay on discharge in BEH

Number of discharges staying over 60 days



NCL OAP costs, actuals and trajectory

OAP costs by month



Risks and mitigations in light of Right Care Right Place approach

The NLMHP is delivering 10 actions for discharge programme and partnership QI programmes for pre-admission, inpatients and post discharge care. This is being supported by expanded provision of out of hospital emergency care settings in the Community in Line with Core Offer and LTP developments.

Risk and challenge	Proposed mitigating actions
Increase in Section 136 Reduction in Transport Handover delays	• NHSE will confirm funding of c. £1m to trial the centralised s136 Hub for 12 months from Sep 23 • NLMHP will host the s136 Hub for north London (and SLP for the south) • NLMHP's centralised s136 Hub mobilisation is linked to their start-up of 111*2 for NCL during Sep 23 • All partners have committed to work to reduce disproportionate S136 detentions of Black men
Patients who go AWOL from MH & Acute sites. Increase in CTOs. Increase in LOS due to being risk adverse and not giving as much leave (£)	NLMHP-wide & London-wide Policy on AWOL for MH and Acute Sites and need to work a MISPER policy with the police. There is pan-London work in progress, such as on the Mental Health Crisis Care Concordat – and we are also keen to focus on what we can do in partnership locally to meet the needs of the public.
Section 135 and Police may not be in attendance	Risk Assessment being clear only to request police when required Security might need to be mobilised – Costing for this being assessed

The ICB is bringing some of our most senior people in North Central London public services together for a roundtable discussion focused on ensuring that vulnerable local residents, including people with serious mental health issues, get the right support as quickly as possible, with particular attention on the interface between the police and health services.

Questions for discussion

For discussion

What more can be done together to support people to stay well in community setting and minimise time in hospital and recover?

What can be done together to better support residents in vulnerable situations in the context of 'right care right place'?

Appendix A

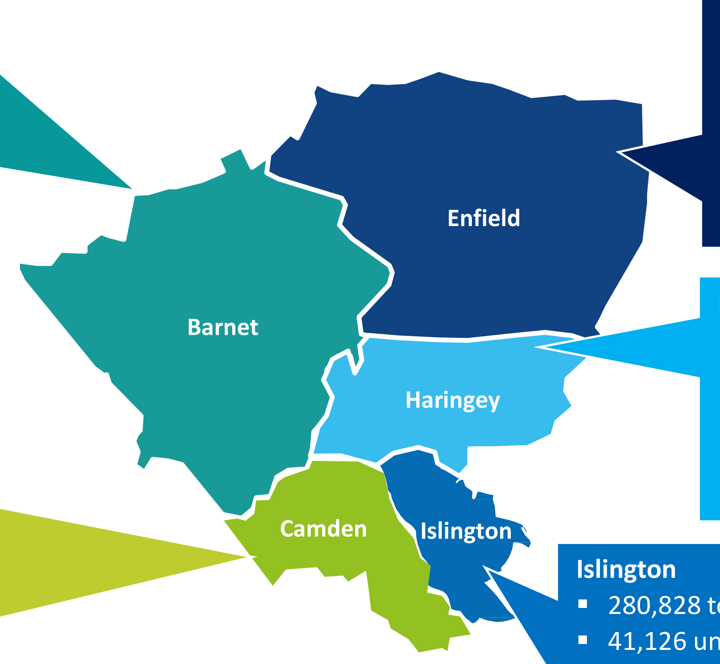
CAMHS ‘deep dive’: System Challenges

1. Variation in offer across NCL

North Central London (Barnet, Camden, Enfield, Haringey and Islington) has a population of approximately 1.7 million residents, of which 323,000 are under 18. There are multiple providers for CYP MH in each borough (excl T4)

Barnet
- 437,371 total registered population
- 94,898 under 18s
- **NHS Provider(s): BEH, RFL & T&P**
- Non NHS Provider(s): Mental Health Support Teams, Health & Justice liaison and diversion, CYP MH in schools, Children and Young People's Wellbeing Practitioner (CWP) services, Xenzone – online counselling, Barnet Integrated Clinical Services (BICS, KOOTH

Camden
- 284,807 total registered population
- 40,549 under 18s
- **NHS Provider(s): RFL, T&P**
- Non NHS Provider(s): Brandon centre – counselling and psychotherapy and parenting (jointly funded with London Borough of Camden), Strength and Learning through Horses (LB Camden), Coram Creative therapies (LB Camden), Fitzrovia Youth in Action – peer support, Manor gardens – parental peer support (LB Camden funded) , Depaul Camden Kaleidoscope (supported housing), Catch 22 (Adolescent Mental Health), KOOTH



Enfield
- 354,822 total registered population
- 83,683 under 18s
- **NHS Provider(s): BEH, T&P**
- Non NHS Provider(s): Brandon Centre, KOOTH, DAZU educational activities

Haringey
- 331,754 total registered population
- 62,540 under 18s
- **NHS Provider(s): Whitt, T&P, BEH**
- Non NHS Provider(s): Brandon Centre, Open Door, Haringey Mind, Haringey Shed, Deep Black, KOOTH

Islington
- 280,828 total registered population
- 41,126 under 18s
- **NHS Provider(s): Whitt, T&P**
- Non NHS Provider(s): KOOTH, Barnardos – Third sector counselling and therapeutic service, Isledon – Emotional Wellbeing workers, Brandon Centre – young people counselling and psychotherapy, Islington Council - TYS counselling

2. Multiple EPR systems meaning communication and integration is challenging operationally for our staff

			Camden	Islington	Barnet	Enfield	Haringey
Early help and prevention	NCL wide		VCSE – Non NHS EPR				
	Borough VCS		Multiple EPR systems, differ per provider				
Community CYP MH	Core		T&P	Whitt	T&P RFH BEH	BEH	
	DBT		Whitt				
	NDD	Assessment	Whitt				
			T&P	Whitt	T&P	BEH	
		Treatment	T&P	Whitt	BEH	BEH	
	Home Treatment Teams		BEH				
	Avoidant Restrictive Food Intake Disorder		T&P				
	Crisis Hubs		Whitt			BEH	
Inpatient CYP MH			BEH				
			Whitt				
Secondary care Eating Disorders			RFH				

EPR	Various	Care Notes	RiO	Cerner

- The use of multiple EPRs across NCL makes communication a challenge operationally.
- For example, in Barnet the community CYP MH offer is provided by three providers, each have their own EPR. In addition, there is a different EPR used by the local authority schools teams, the RFL out of hours team, liaison and VCS early help offer providers.

3. Spend per head varies significantly by Borough and further work is required to relate investment to mental health need

- **Overall CYP MH expenditure equates to £54m,** non NHS spend equate to £5m. NCL have prioritised CYP MH spend throughout the period of the LTP with only Adult Community receiving more funding annually.
- **£5.6m invested based on need and based on gaps in core offer in 23-24**, noting limited investment in Enfield VCS/ borough spend and requirement to deliver core offer universally across NCL (HTT roll out and increase in liaison offer in the North).
- **Spend on Non-NHS services varies significantly between boroughs**. Enfield have the lowest proportion of spend on Early Help and Prevention. *
- In addition, the **spend per head of population differs by Borough**. BEH have higher caseload numbers and lower average spend per head. When comparing caseload size to investment BEH has the largest caseload and least investment (61% of the caseload for 49% of the investment). Further work is required to **understand why this is, whether demand/ need driven, operational or a mix of both.**

M12 2022-23 Trust led expenditure

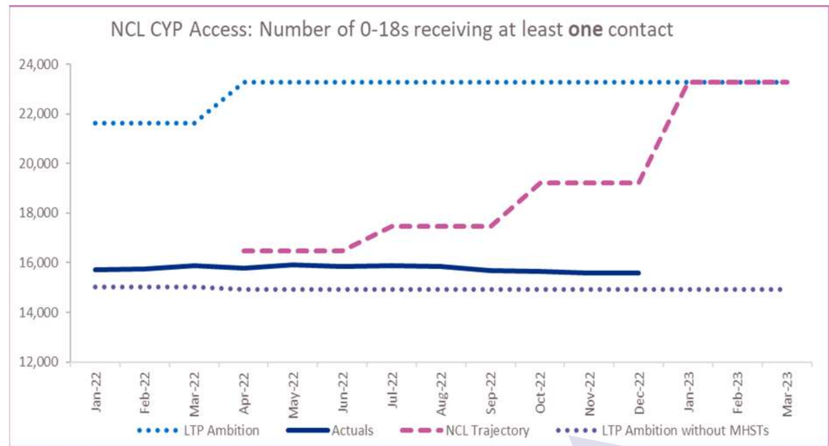
	Total	BEH	CIFT	TAVI	RF	WH	Non NHS
MHIS	£'000	£0	£0	£0	£0	£0	£0
Children & Young People's Mental Health (excluding LD)	42,565	17,317	0	9,738	2,401	9,688	3,421
Children & Young People's Eating Disorders	2,491	0	0	0	2,491		0
Total MHIS	**45,056**	**17,317**	**0**	**9,738**	**4,892**	**9,688**	**3,421**
SDF	£'000	£0	£0	£0	£0	£0	£0
Children & Young People's Mental Health (excluding LD)	2,485	1,851		306		328	
Children & Young People's Eating Disorders	511				511		
Perinatal Mental Health (Community)	389		389				
MHST	5,617	2,108		1,056	0	755	1,698
Total SDF	**9,002**	**3,959**	**389**	**1,362**	**511**	**1,083**	**1,698**
Grand Total	54,058	21,276	389	11,100	5,403	10,771	5,119

*Note though that LAs will also invest in VCS services, therefore a borough based comparison would need to consider all investment, not solely NHS.

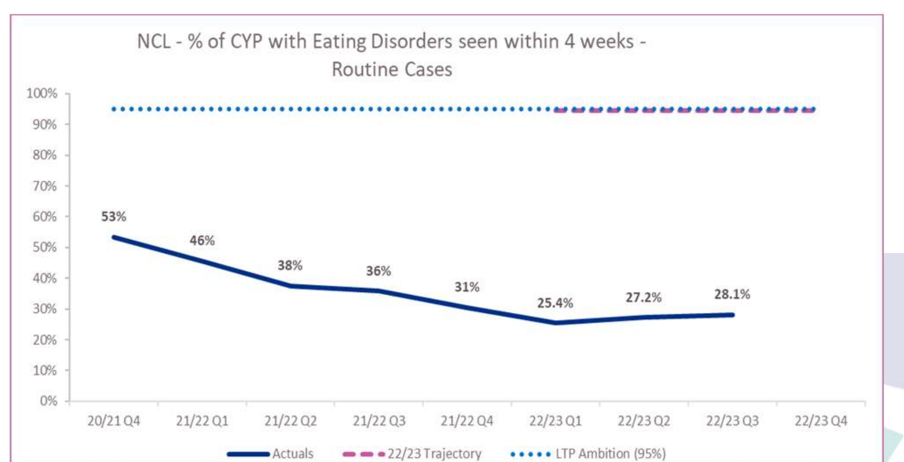
4. CYP MH performance remain significantly challenged (1/3)

Performance summary

- As of July 2022, BEH caseload is currently at 5851, T&P at 1748 and Whittington at 1958. **Caseload numbers have been consistent over 2021/22. Waiting times over the financial year 2021/22 have fallen for both assessment and treatment**. 79 CYP were waiting for over a year for assessment in Apr 21 compared to 66 in Mar 22.
- **However, NCL access targets of 23,291 CYP as part of the LTP are currently not being met** and with the latest data period (Apr 21 to Jun 22) showing on average 15,690 CYP accessed MH services. For 2021/22, **DNA rates average at 9.1%** with cancellation rates by patient averaging at 5.2%.
- The Eating disorders service provided by Royal Free FT**, neither routine or urgent cases are being seen within target timeframe.**
- The number of **CYP having their outcomes measured** at least twice is above the target for T&P but **below target for BEH**.
- **Crisis referrals have had significant variation** across the year in 2021/22, ranging from 45 to 111 a month. The monthly average number of A&E attendances in Q1-Q3 22/23 is the same as Q1-Q3 21/22.

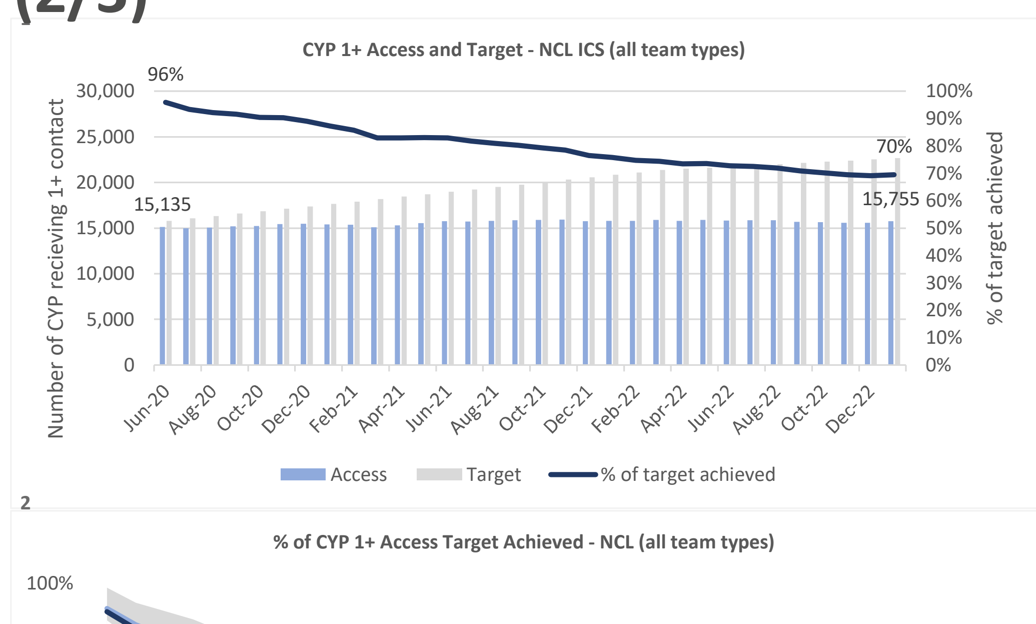


NCL do not currently meet the access target. The target is made up of MHST activity, which is significantly below target, due in part to data capture issues



Additional investment has seen the average wait time for Routine Referrals reduce by 2 weeks from 6.8 to 4.6 wks. However, the Trust Acute EPR system has created challenges in reporting accurate waits

4. CYP MH performance remain significantly challenged (2/3)



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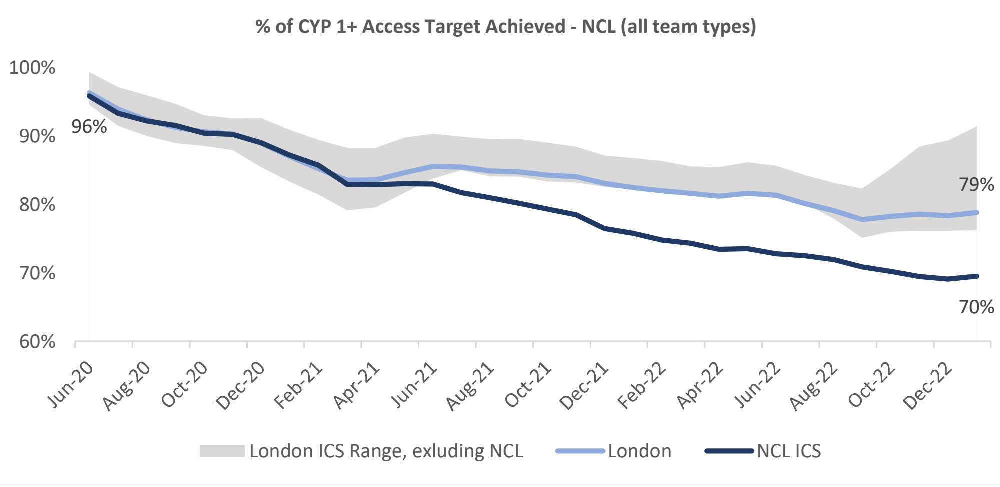
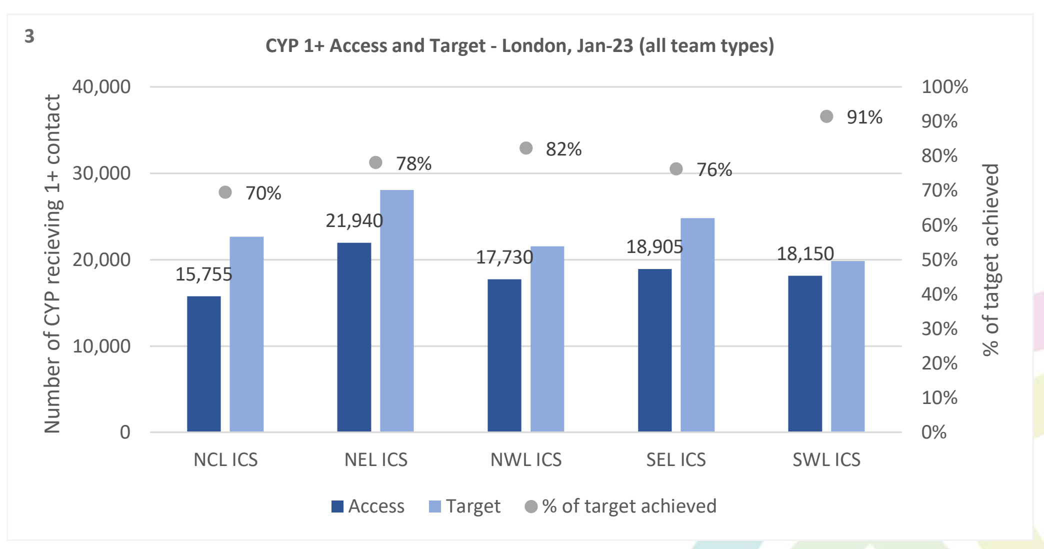


- NCL delivered services to 15,755 CYP in the year leading up to Jan-23, achieving 70% of it's 22,666 target (including MHSTs) (Graph 1)
- **The 12 month rolling CYP 1+ contact access has remained broadly the same from 15,135 in Jun-2020, while the target has increased from 15,789 to 22,666. This has caused the % of the target achieved to steadily decrease from 96% to 70% (Graph 1)**
- **NCL has been the lowest performing London ICS against the access target since Jun-2021 (Graph 2)**
- However, % target achieved has decreased in London as a whole, from 96% in Jun-2020 to 79% in Jan-23 (Graph 2)
- **SEL and NEL are achieving 76% and 78% of their access target respectively (as of Jan-23), while SWL is achieving 91% (Graph 3)**

3



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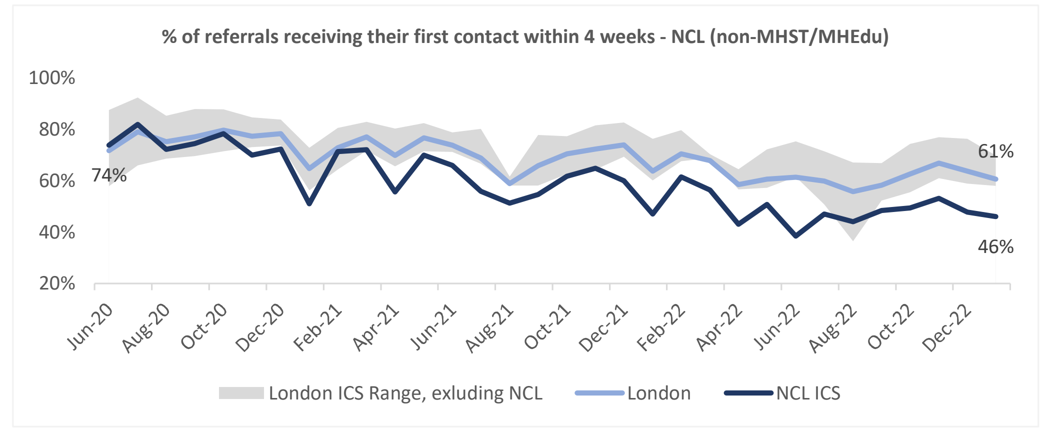
Source: MH CDP
Access and targets are rolling 12 months

4. CYP MH performance remain significantly challenged (3/3)



- The % of CYP receiving their first contact within 4 weeks of referral to a non-MHST/MHEdu team in NCL has decreased from 74% in Jun-20 to 46% in Jan-23. This is below the current London average of 61% (Graph 1)
- **NCL has the lowest % of CYP seen within 4 weeks of the London-ICSs (Graph 1)**
- There are currently 2,910 CYP waiting for a contact with a non-MHST service in NCL – an increase from 1,215 in Jun-20 (Graph 2)
- **1,620 of the CYP currently waiting for a contact with a non-MHST/MHEdu team in NCL have been waiting longer than 12 weeks, while a further 620 have been waiting four to 12 weeks (Graph 3)**
- NCL currently has the smallest waiting list of the ICSs (Graph 3)

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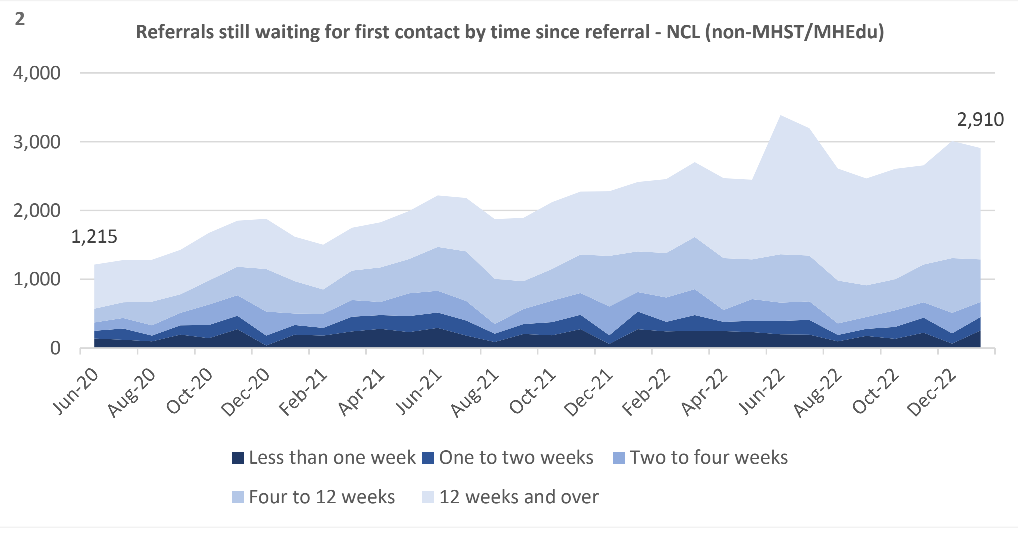
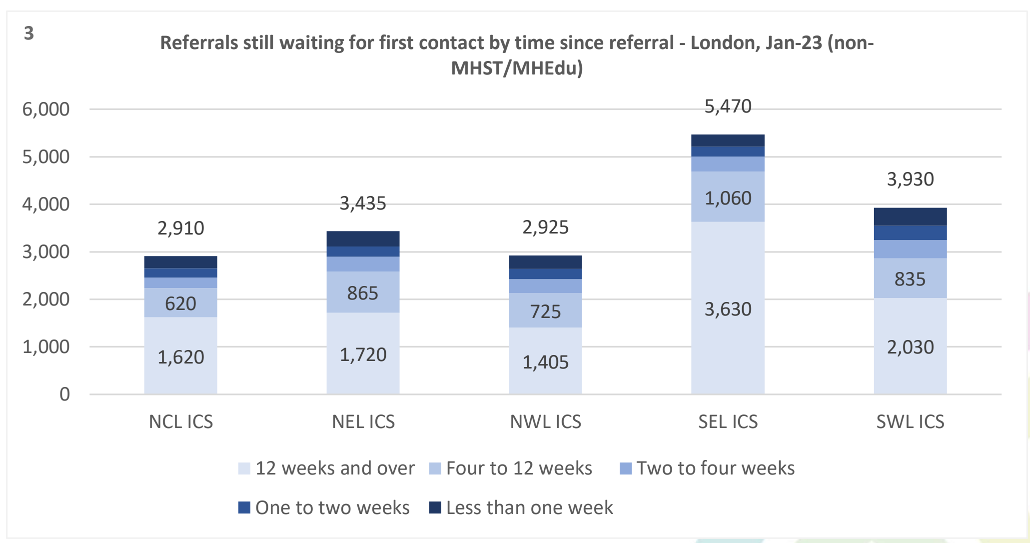
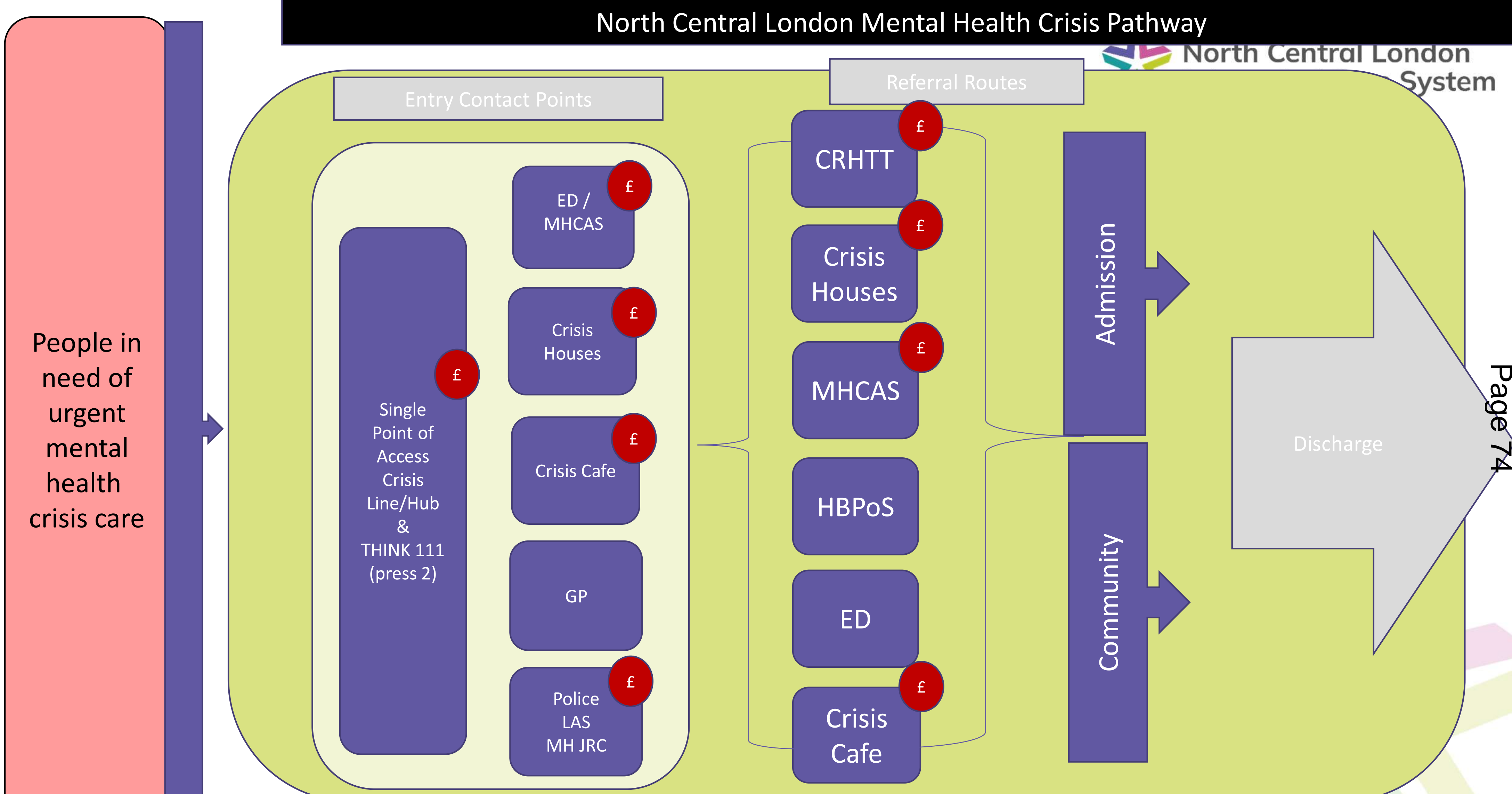




Source: CYP MH Dashboard. All team types, excluding Mental Health Support Teams/Mental Health in Education Services

Appendix B

MH Adult Emergency Care Pathway: Pathway Overview, High Impact Actions and Right Care Right Place


North Central London Mental Health Crisis Pathway
North Central London
System
People in need of urgent mental health crisis care
Entry Contact Points
Single Point of Access Crisis Line/Hub & THINK 111 (press 2)
£
ED / MHCAS
£
Crisis Houses
£
Crisis Cafe
£
GP
Police LAS MH JRC
£
Referral Routes
CRHTT
£
Crisis Houses
£
MHCAS
£
HBPoS
ED
Crisis Cafe
£
Admission
Community
Discharge
Key: Additional funding in 22/23 and 23/24
£

NCL High Impact Actions to Improve Patient Flow

North Central London Integrated Care System

High Impact Actions

Examples: High Impact actions being undertaken to improve patient flow

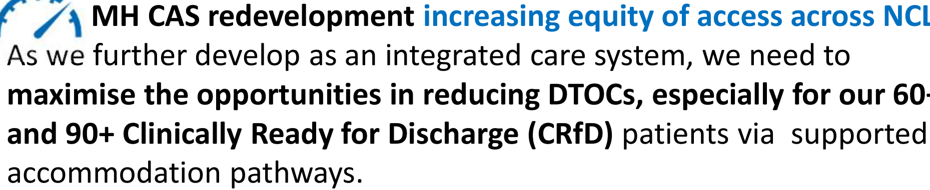
Transformation of Community MH services. 15k patients received evidence-based trauma informed psychological therapies via our new transformed services, wrapped around primary care and integrated with social care and VCS.

Focus on reducing LoS and clinical variation - More NCL residents are receiving inpatient care closer to home, there has been a reduction of 15 since Jan 23 in the number of patients being placed outside of NCL, Avg. of 7/day in May 23. **Expediting the discharge** of the top 3 long LoSs and focus on HIUs 60+ / 90 days+ via Complex Discharges Panel.

Crisis Resolution Home Treatment Teams – NEW Haringey Pilot Rapid Response Team, strengthened CRHTs which provide a rapid response to patient in crisis either online or F2F and gatekeeping.

Improved PICU LOS – Forensic pathway improvements (MOJ) and developed escalation process.

Complex rehab repatriation and rehab pathway focus within Q2&3



MH CAS redevelopment increasing equity of access across NCL.

As we further develop as an integrated care system, we need to **maximise the opportunities in reducing DTOCs, especially for our 60+ and 90+ Clinically Ready for Discharge (CRfD)** patients via supported accommodation pathways.

London MH Crisis Care Concordat measures

NCL are embedding the refreshed MH Crisis Care Concordat.

1. **Reduction of average Length of Stay (LoS) to national target of 32 days (excl. leave).**
   NCL agreed ambition: Reducing LoS from 42.5 days (22/23) to 32 days to operate within NCL core bed base (296 beds). Enhanced psychology and OT for even more therapeutic value.
2. **Downward trend in percentage of beds occupied by people who are Clinically Ready for Discharge (CRFD)**
   High Impact actions and NHSE 10 Discharge Actions being undertaken to reduce LoS to 32 days. MADE and Super MADE events continue. New Trust CRFD form embedded in operating system.
3. **Reduction in 60+ and 90+ long length of stay**
   MH system engagement from LA Housing, Social Care and ICB CIC. (Currently 28 people, total ~8,000 days.)
4. **Bed occupancy operating at 85% (Royal College of Psychiatry)**
   Preliminary analysis assumes a 95% occupancy level due to current demand.
5. **Reduction in OAPs to support achievement of LTP plan ambition to eliminate inappropriate out of area bed usage**
   Target 0 - OAPs by the end of 23/24.
6. **Embed local measures, e.g., patient experience and therapeutic benefit.**
   The NCL MH Core Offer Outcomes Dashboard will measure '% patient experience during admission', re-admission and wider recovery outcome metrics.

- A national scheme that aims to address challenges in the current system of mental health care by ensuring that people who need urgent care are directed to the most appropriate service for their needs.
- Key features include a triage system that assesses the level of risk and urgency of each call, alternative places of safety such as crisis cafes, crisis houses, and specialised mental health ambulances, a national partnership agreement based on the Right Care Right Person model followed in Humberside, and a person-centred, collaborative, preventive, and recovery-oriented approach.

Main Benefits

- Improved outcomes and experiences for people with mental health issues, who can receive timely, appropriate, and less restrictive care in their own community.
- Reduced demand and pressure on A&E departments and police services, who can focus on their core roles of providing emergency medical care and crime.
- Increased efficiency and effectiveness of mental health services, who can avoid unnecessary hospital admissions and provide more integrated and coordinated care.
- Enhanced collaboration and partnership between different agencies and professionals involved in mental health care, who can share information, resources, and expertise.

References

References

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iv) National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report 2023: UK patient and general population data 2010-2020. 2023. University of Manchester. [NCISH Annual Report 2023]