

REPORT TITLE

North Central London Clinical Commissioning Group' Strategic Review of Community and Mental Health Services

REPORT OF

Executive Director of Strategic Commissioning – NCL CCG

FOR SUBMISSION TO

Joint Health Overview and Scrutiny Committee

DATE

25.06.21

SUMMARY OF REPORT

The paper is to provide information on two strategic service reviews being undertaken within the North Central London System covering the Community and Mental Health Services delivered by the NHS in NCL. The reviews were launched in March 2021 and initial work, supported by our external partners Carnall Farrar will be completed by mid-September 2021.

The reviews are all age and will look at all CCG funded community and mental health services. Current patterns of service are based on the legacy CCGs and are different in terms of services available, access criteria, and opening hours etc. The CCG's aim is to ensure all residents have access to a core service offer that is equitable for all residents on North Central London.

The report sets out the governance we are applying and the risks we are managing through the reviews as well as describing its communication and engagement strategy.

Members of the JHOSC are asked to consider how they can work with the CCG to ensure that it achieves a good level of use engagement from local residents and advise on other actions the CCG could take to ensure achieve this aim.

Local Government Act 1972 – Access to Information

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

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RECOMMENDATIONS

The NCL JHOSC is asked to note the progress of the reviews of community and mental health services and advise on further engagement actions that would support these reviews.

SECTION 1: INTRODUCTION

This paper provides the North Central London Joint Health Overview and Scrutiny Committee with a report on the current strategic services review of both community and mental health services. The two reviews are being held concurrently in recognition of the number of North Central London (NCL) residents needing services for both their mental and physical health needs. In addition a number of Trusts involved in the reviews provide both mental health and community services so it is more efficient to undertake the reviews in parallel.

NCL CCG has inherited a range of community and mental health services from its 5 legacy CCGs. This has led to a variation in access to services and to patient outcomes. The purpose of the review is therefore to better understand this variation and then to develop a core service offer that will bring about greater consistency in access to community and mental health services for all NCL residents.

The CCG has engaged Carnall Farrar as its design partners to work alongside a CCG programme team. This strategic services review will take place between March and September 2021, when Carnall Farrar will present to the CCG a transition plan. This will include financial and impact assessments, which the CCG can then implement.

This paper provides information on the purpose of the review, its aims and objectives and governance. It will also update on progress and provide details on how users and residents are being engaged in both reviews.

SECTION 2: BACKGROUND TO THE REVIEW

NCL CCG inherited from its 5 legacy CCGs a varied pattern of services both for community and mental health services. The variation across NCL exists in access to services, in terms of opening hours and thresholds for clinical access to services. For example, information gathered as part of the Baseline Review shows there is variation in the clinical services staff provide, and therefore what services are available across NCL, to housebound patients; although each Borough has access to a rapid response team they vary for example as to when referrals can be accepted, some are 24/7 but others only take referrals up to 8pm which limits the support available overnight to patients, acute trusts etc. For mental health services for example dementia services in Camden and Islington have twice the rate of contacts compared to the three other Boroughs which may suggest different services in operation.

The baseline reviews sets out the case for change provides further details on the differences in provision of services, differential funding, and workforce. The report also contains details of, for example, different waiting times as well as differences in patient outcomes.

SECTION 3: AIMS AND OBJECTIVES FOR THE REVIEWS

Aim of the Reviews

The aim of the reviews is to ensure a consistent and equitable core service offer for the NCL population that is largely delivered at a neighborhood/Primary Care Network level. The core offer of equitable access to services will be based on identified local needs and fully integrated into the wider health and care system ensuring outcomes are optimized, as well as ensuring services are sustainable in line with the CCG's financial strategy and workforce plans.

Objectives For The Reviews;

- The provision of a core & consistent service offer that is delivered locally based on identified needs and that works to reduce inequities of access and improves health outcomes.
- The provision of community and mental health services that optimises the delivery of care across NHS Primary, Secondary, Tertiary services and the wider system with Local Authority and Voluntary & Charitable Sector (VCS) partners and services.
- It will move the CCG closer to the national aspirations around the delivery of care as close to home as clinically appropriate and ensuring it is as maximally accessible.
- It will provide a set of population health outcome measures that will help monitor progress supported by some key performance Indicators.
- Ensuring that community and mental health services are financially sustainable system both now and into the future based on the growing and changing needs of our population.
- Ensure the delivery of national planning guidance including the Long Term Plan and Mental Health Investment Standards.

SECTION 4: SCOPE OF THE REVIEW

The reviews include all CCG funded community and mental health services, both inpatient services and those provided in the community. It is an all age services review and it should be complimentary to other reviews the CCG is undertaking e.g. the review of maternity, neonatal and paediatrics and the review of Borough contracts. It has a number of exclusions to try and manage the scope of the reviews e.g. primary care services, Continuing Health Care, acute services etc. are excluded. It also excludes any services funded solely by Local Authorities although it acknowledges the overlaps and the need in many areas for joint service delivery.

SECTION 5: GOVERNANCE OF THE REVIEWS

Both Service Reviews reports to a Programme Board both chaired by the CCG's Chief Officer. Each has a Governing Body GP lead and a Governing Body Lay member lead as well as representatives from Provider Chief Executives, senior leadership from Local Authorities; Chief Executive leads, Directors of Adult and Children's Services Leads and a Director of Public Health lead. Membership also includes CCG Director of Finance, Lead Nurse and the Executive Director of Strategic Commissioning as the Senior Responsible Officer. Both Boards have or will have service user membership.

SECTION 6: STRUCTURE OF THE REVIEWS

Both the Community and mental health services reviews follow a 3 phase approach.

Phase 1; Data Gathering

This includes data analysis to look at financial, contract and workforce data. Information was also collected on population needs both existing but given the impact of Covid particularly on mental health services, on future demand. Data gathering also included interviews with senior leaders from the CCG, Trusts and Local Authorities, group interviews with Local Authority colleagues and a survey which was sent out to a wide circulation list of GP, Trusts, Local Authority colleagues, CCG and voluntary sector/users etc.

The initial phase of the Community Services Review was between March-April. As part of their work Carnall Farrar interviewed 56 senior leaders, and there were 228 survey forms returned. For the Mental Health services review, which started in May, 45 senior leaders were interviewed and 221 survey forms were returned.

Information from phase 1 has been analyzed and presented in the form of baseline reviews which summarizes the data collected and sets out a case for change as to why the review is required. The baseline reviews are still being finalized but this

should be completed within the next few weeks. The relevant Programme Boards will sign off the baseline reports.

Phase 2; Design Workshops

Phase 2 started at the beginning of June and consists of a series of design workshops. The launch meeting was on 2nd June and 108 colleagues attended from Providers, GPs, Local Authority, users and a small number of voluntary sector groups. The meeting reviewed the work on draft design principles, a draft outcomes framework and a draft population health model that would be used to structure service planning. There was a lot of discussion and challenge as to the proposed models and feedback is now being reviewed and incorporated into revised draft documents. During June-mid July there will be a series of deep dives on primary care and its interface with community and mental health services, and deep dives for community and mental health services followed by a series of design workshops to review and iterate the discussions from the deep dive sessions. This iterative process should result, by mid-July in an agreed draft core service offer.

Phase 3; Impact Assessment

Phase 3 is from August to mid-September. The Programme team will work with Carnall Farrar to understand the impact of the draft core service offer from a workforce, financial, equalities etc. impact and understand the implications of the proposals. These will then need to be reviewed by the Programme Boards before any recommendations can be presented to the CCG's Governing Body.

SECTION 7: EMERGING THEMES FROM BASELINE REVIEWS

Themes Emerging From Community Services Review;

- Need to address health inequalities; includes a recognition there are unwarranted variations and that both within and between Boroughs people do not receive the same service offer. This can lead to different population and patient outcomes
- Discrepancy between need/prevalence and provision; resources (finance and workforce) are not distributed equitably across NCL. Challenge seen as how to support those with greatest level of need and support NCL commitment to reduce health inequalities
- Relationships and Integrated Working; Reflection that historically relationships between providers have not always been good, reflecting competition and access to resources. However Covid has improved how Community Providers work together. The challenge is now how to embed collaborative working

- Organisational Form; Concern that the review should focus on best models of care to meet different population outcomes and should not focus on Provider Form. This could be considered once core service offer had been designed

Themes Emerging From Mental Health Services Review

- Variation and growth in population need
- Overall gaps in access and significant service variation across NCL
- Models of care not fit for purpose e.g. focus on crisis, not prevention and early access
- Lack of integration (within mental health and with primary care etc.)
- Inequity of Funding; based on historic spends
- Outcomes; Poor data especially on clinical outcomes

And agreement about further work required in relation to the following in the next iteration for mental health services:

- Understanding the voluntary sector contribution commissioned both by CCG and Local Authority
- Benchmarking with Getting it Right First Time (GIRFT)
- Explore co-morbidity further
- Triangulate quality, spend and outcomes

Both baseline reviews have overlaps in terms of themes particularly relating to variation, models of care and differential outcomes. Information from the baseline reviews is being used to feed into our design work on an outcomes framework and to guide the development of a core service offer.

Other Emerging Themes

Not specifically noted but identified as part of discussion with Borough colleagues, was the challenge of a centrally lead strategic services review at the same time as local Borough teams were working with partners across the local Integrated Care Partnerships to develop specific local transformation plans for Primary Care networks as the geographic basis for service delivery. To mitigate this challenge the programme steering group has representatives from across the CCG and is working with local Directors of Integration and with local Integrated Partnerships to ensure there is a close working with the with the leadership of the Boroughs to understand how the reviews will sit with their transformational plans.

SECTION 8: USER AND RESIDENT ENGAGEMENT

A key design principle is that users and residents are at the heart of work. The Programme has developed an active communications and engagement strategy to support this intention. Communications includes setting up information on the CCG's website and developing a resident's survey. The programme team are also liaising with colleagues from Local Authority communication departments to make use of their links. The Programme team have also sent out a series of letters to key partners and offered to attend and talk to a wide range of community groups. We have included updates in a number of CCG bulletins for GPs, community and mental health staff.

We have attended a series of Integrated Care Partnership (ICP) boards across the Boroughs, as well as starting to attend Borough Health and Well Being Boards. We are also attending a range of other community group such as the Barnet Seniors Association, the Camden Patient and Public Engagement Group etc.

We have also convened a resident reference panel which had its first meeting on June 3rd. It includes two lay members from the Governing Body and at the first meeting we had 22 residents join the meeting for a very helpful discussion. They were all keen to be involved with the work and brought a wealth of experience to the discussions. However the challenge will be to try and ensure that their suggestions are incorporated into design work. As part of the background reading for the meeting the Programme Team reviewed a number of recent reports undertaken by Health Watch, Local Authorities, Trusts etc. and synthesized these into a series of themes which we had planned to test with the panel and check their relevance. However it was clear from the discussion that many of the themes raised in these reports were still very alive and not resolved. For example we heard comments on challenges with access, long waiting times for treatment especially for autism and young people's mental health, the lack of cultural competency for some services, sharing of information and the need to not to constantly repeat histories. There was also a discussion on the impacts of Covid on more marginalized communities and a focus on inequalities both from an ethnicity but an age and sexuality perspective as well. We are in discussion with Carnall Farrar as to how we incorporate these very informative comments into the design process.

The programme team have also been in conversation with the CCG communities team to understand how best to talk to those groups that are seldom heard. Part of the service review especially for mental health has highlighted that the expected prevalence for some conditions does not match the actual numbers in service, indicating a gap which may be due to a number of causes including inaccessible services. Starting to address this gap will be part of the work of the review but will clearly need a much wider effort on behalf of many partners not just the CCG.

Users, carers and voluntary sector organizations were invited to our Design Workshop and we are trying to support users e.g. colleagues from the Expert by Experience Group to attend and contribute to the workshops give the very important perspective that they bring to discussions. We have invited user representatives to join the Programme Boards as part of the senior oversight and assurance process.

We have developed a communication and engagement strategy which we are keeping under constant review to ensure as wide as possible engagement and discussion on the programme and its aim and objectives etc.

SECTION 9: CONCLUSIONS

Engagement of service users and residents is central to the delivery of the reviews of community and mental health services. As far as possible the programme is working with other colleagues from within the CCG to ensure that advantage can be made of existing links, and it is also working with other partners such as Provider Trusts and Local Authorities to try and reach out to the diverse communities that use services currently and to those who communities who do not or who are not able to currently access services.

The work of the reviews has also to compliment and support local work within boroughs on integration, transformation and the development of local neighbourhoods as the place for the delivery of services. Whilst every effort is being made to ensure representatives from Boroughs are involved and are helping shape and influence the direction of the review, inevitably there will be tension between what is being proposed centrally with what is happening at Neighbourhood level. The reviews and subsequent transition plans will need to be sufficiently flexible to allow local delivery this has to be within an agreed framework to ensure the CCG can achieve its ambition for a consistent core service offer to all its residents.

SECTION 10: RECOMMENDATIONS

Members are asked:

To Note the report

To Consider and advise what further engagement actions the CCG could take in support of this review