

REPORT TITLE NCL Mental Health Programme Update	
REPORT OF North Central London Clinical Commissioning Group	
FOR SUBMISSION TO Joint Health Overview and Scrutiny Committee	DATE September 2021
SUMMARY OF REPORT This paper provides the Committee with an update on the NCL mental health programme. In particular the paper will focus on: <ul style="list-style-type: none"> • the mental health service response to the Pandemic ; • system wide investment in to mental health services in 2020-21 and 2021-22; • transformation activities carried through the first year of the Pandemic to date, and; • mental health system challenges; meeting demand sustainably <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of the report.</p> <p>Contact Officer: Dan Morgan Interim Director of Aligned Commissioning daniel.morgan4@nhs.net</p>	
RECOMMENDATIONS The Committee are asked to NOTE the contents of the report	

1. INTRODUCTION

- 1.1** This paper provides the Committee with an update on the NCL mental health programme. In particular the paper will focus on:
- the mental health service response to the Pandemic;
 - system wide investment in to mental health services in 2020-21 and 2021-22;
 - transformation activities undertaken during the Pandemic to date, and;
 - mental health system challenges; meeting demand sustainably

2. RESPONDING TO COVID

- 2.1** Like most areas of the North London health and care system, in response to the Pandemic the Mental Health system came together to rapidly implement services to support people through the Pandemic
- 2.2** To divert adult patients away from A&Es, the system established a mental health clinical assessment service at St Pancras Hospital that is open to self-referral, ambulance conveyance and referral or redirection from A&E departments across NCL.
- 2.3** For children and young people, a similar model was established, with two hubs operating to divert children and young people away from A&E, where appropriate to do so. Additional liaison, out of hours and specialist eating disorders capacity was also secured recognising the increased demand.
- 2.4** The mental health system in NCL also brought forward plans to introduce an all age crisis line and put in place the crisis lines as part of the system response to the first wave of the Pandemic.
- 2.5** Following the first wave of the Pandemic, the system utilised Mental Health Investment Standard (MHIS) funding to maintain services established in response to the first wave, recognising the need to prepare and respond to future surges which were likely to increase demand for mental health services. In addition, to comply with infection prevention and control guidelines, the system secured additional bed capacity to minimise the need for out of area placements.
- 2.6** To ensure the sustainability of services set up as part of the Pandemic response NCL invested an additional £17.9m in to mental health services in 2020-21. This funding was disproportionately weighted towards children and young people's services in accordance with NHS planning guidance relating to the MHIS funding.

3. IMPACT OF THE PANDEMIC ON MENTAL HEALTH SERVICES

- 3.1 The NHS learns more each day about the physical effects of Covid-19, however the longer term impact on mental health remains unknown, experts are predicting that there will be a surge in mental health demand
- 3.2 Children and young people have spent long periods away from school and friends. Not all children respond in the same way to the stresses of long periods in 'lockdown'. The system in NCL has already started to see an increase in demand for services. In particular, Eating Disorders services for children have seen a substantial increase in the volume and acuity of referrals.
- 3.3 Adults and the elderly are also likely to be impacted by the negative effects of long periods of social isolation, as are health workers whose health has been directly at risk in responding to the Pandemic.
- 3.4 Mental Health providers in NCL have been instrumental in establishing the NCL Mental Health and Well Being hub for all health and care staff.

4. TRANSFORMATION OF MENTAL HEALTH SERVICES 2021-22

- 4.1 In 2021-22 following significant investment in 2020-21, the system continued to invest in mental health services
- 4.2 NCL ICS intends to invest £39m in to mental health services in 2021/22 with plans for utilising this investment geared towards addressing areas of poor performance, ensuring more equitable access to care and a greater focus on the impact of inequalities for the communities we serve.
- 4.3 The challenge in 2022-23 will be to maintain the range of provision in light of increased demand and acuity of presentations while continuing to meet recovery and performance trajectories. A summary of areas of transformation is set out below.

4.4 CURRENT AREAS OF TRANSFORMATION IN MENTAL HEALTH SERVICES

4.4.1 Crisis and liaison care

- 4.4.1.1 Our NCL mental health system set an ambition for comprehensive crisis pathways able to meet the continuum of needs across our population whether it be in communities, people's homes or emergency departments. We will continue to work with system partners including Local Authorities, the VCS, Police and LAS to deliver comprehensive and accessible crisis pathways to improve outcomes for patients and the wider system.

4.4.1.2 Current areas of transformation are as follows:

- **Single Point of Access 24/7 crisis lines:** People living in NCL will have a single point of access to timely universal mental health crisis care, joined up with NHS 111 pathways via our MH Trusts Single Point of Access 24/7 crisis lines.
- **Urgent and emergency services - Liaison on acute sites:** working together to ensure people are directed to the right level of care. All NCL acute hospitals will have an all-age mental health liaison service in A&E departments and inpatient wards. There is increased funding (£1.25m) to deliver mental health liaison services in NCL Acute Trusts A&Es and wards.
- **Crisis café and crisis house provision:** We are increasing capacity and extending a number of alternative forms of crisis support provision to provide a more suitable alternative to A&E for people experiencing a mental health crisis. Interventions include a crisis café in every borough, as well as increased capacity and support in a Crisis House in the northern boroughs of NCL.
- **Mental Health Crisis Assessment Service:** Established during the first wave of the pandemic to divert mental health patients without a co-existing physical health need to a Crisis service outside of acute trusts. The service will continue to support delivery of Mental Health Liaison Standards, supporting local acute sites as we move through the winter period.
- **London Ambulance Service;** We are extending the joint London Ambulance Service paramedic and Mental Health Nurse outreach service, which provide a quick response car with specialist mental health clinicians, rather than ambulance, to be able to see patients at home or on the street, and in many cases avoid transferring to A&E.
- **THINK 111:** We will be piloting the extension of the THINK 111 service to incorporate a 'press 2' option for patients calling in mental health crisis to reach a specialist mental health professional and to be able to directly book appointments into the most appropriate services
- **Rough Sleepers:** The Rough Sleeping Mental Health Service is a new service and will work with around 120 – 150 people many of whom will have experience of psychosis, difficulties with personality problems, anxiety and depression. The level of interventions will range from triage assessments to short-term casework/treatment.

4.4.2 Inpatient care

4.4.2.1 Throughout the Pandemic and as we move through the winter period, flow through our inpatient wards has been a high priority. As a system, through greater working between our Trusts and the extension of initiatives to support discharge, we intend to improve hospital flow and reduce the need for out of area placements. In the former part of pandemic, flow was impacted due to the need for cohorting patients to avoid hospital transmission of COVID-19. This was necessary due to old estate. The opening of Blossom Court has minimised the need for cohorting patients.

Cohorting refers to keeping those patients who have or are suspected to have COVID-19 in the same space (wing, ward) separate to those who are COVID-19 negative to minimise the spread of the virus.

4.4.2.2 Current areas of transformation are as follows:

- **Inpatient bed provision:** As a system, we have invested in additional bed capacity at Barnet, Enfield and Haringey MH Trust to reduce the number of patients requiring placement out of area and to support Covid clinical management and infection prevention and control requirements.
- **Mutual aid between providers:** All inpatient teams are working towards eliminating out of area placements through mutual aid, sharing beds where appropriate to do so.
- **Improved flow and management of demand:** Additional funding has been invested in a range of discharge schemes to support flow and discharge management.

4.4.3 IAPT

4.4.3.1 Increasing access in IAPT therapies for the IAPT population cohort, embedding digital approaches and reducing disparities in the experience and outcomes of protected groups are core priorities for the system in NCL.

4.4.3.2 Current areas of transformation are as follows:

- **Digital and online support:** NCL IAPT providers are securing additional capacity.
- **Patients from Black and Minority Ethnic backgrounds (BAME)** all services are planning to use the 2021/22 investment to recruit therapists' with a role in outreach to BAME groups.
- **Long Term Conditions (LTCs):** IAPT services have embedded LTC pathways in their services, working closely with community health providers.
- **Post Covid Syndrome Pathway** is being developed to support patients requiring access to IAPT

4.4.4 CAMHS - Children and young people's mental health

4.4.4.1 We know that many people first start to experience mental health difficulties when they are children, and that the incidence of childhood mental health concerns has been rising. This is why we will be investing in children and young people's (CYP) mental health services at a faster rate than mental health services overall. This reflects the significant impact our children have faced during the pandemic.

4.4.4.2 Current areas of transformation are as follows:

- **Diversion hubs and Enhanced liaison:** NCL CAMHS crisis service to increase to include seven sites, including the north and south hubs operating 0900-00:00, as well as the 5 NCL hospitals. This will support diversion from the A&Es departments.
- Additional investment provided to the **specialist Eating Disorders** service taking account of the increase in demand seen through the Pandemic. In addition, the system will invest in additional **community Eating Disorders** support in to generic CAMHS teams.
- **Community CAMHS capacity has** increased through investment in to CAMHS Home Treatment Teams and the generic CAMHS team.
- **Crisis line:** The specialist NCL CAMHS 24-7 Crisis line operates alongside the BEH 24-7 Crisis Line and provides a dedicated CYP MH crisis support 17:00 – 00.00 on weekdays and 09:00 – 00.00 on weekends and bank holidays. Investment will ensure there is a designated CAMHS call handler operating everyday between 09:00 and 17:00, alongside the core team who can provide immediate and specialist CAMHS guidance to CYP and their carers.
- **Mental Health Support Teams (MHSTs)** are jointly delivered in partnership with schools. MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a ‘whole school approach’ to mental health and wellbeing. Across North London there are eleven Mental Health Support Teams working across a range of education settings. In Islington and Camden the teams, of which there are two in each borough, work with all of the state funded primary and secondary schools in the borough. In Barnet, Enfield and Haringey the Mental Health Support Team offer is more targeted. Currently not all schools have access to a Mental Health Support Team, however through further waves of roll out we expect to move to a position where we achieve 100% coverage of the programme across NCL.

Table 1. Mental Health Support Team provision across North London

Borough	Camden	Haringey	Barnet	Enfield	Islington
Start date	Jan 2019	Jan 20	Jan '20 (W2); Nov '20 (W3)	Jan 20	Jan 20
No of MHSTs	<ul style="list-style-type: none"> 2 MHST: North Camden MHST and South Camden MHST 	<ul style="list-style-type: none"> 2 MHSTs: sharing primary and secondary settings in east Haringey 	<ul style="list-style-type: none"> 2x MHSTs in west (W2); 1x MHST in east and south (W3) 	<ul style="list-style-type: none"> 2 x MHST (Service now called <i>My Young Mind Enfield</i>) 	<ul style="list-style-type: none"> 2 MHSTs: north and south of borough (called School Wellbeing Service locally)
Coverage	<ul style="list-style-type: none"> All state funded mainstream schools 10 X Secondary schools 19 primary schools 	<ul style="list-style-type: none"> Primary and secondary schools in the east of the borough 	<ul style="list-style-type: none"> 55 state funded mainstream schools and colleges 	<ul style="list-style-type: none"> 16 schools Phase 1 January 2020 25 additional schools 	<ul style="list-style-type: none"> All state funded mainstream schools 10 secondary schools 45 primary schools

4.4.5 Adult Community Transformation

- 4.4.5.1** A priority area for investment is Community Mental Health Transformation Programme, which will deliver new and integrated models of community mental health care, embedded and wrapped around Primary Care Networks (PCNs) across NCL. To support residents with mental illness to have speedier access to a multi-disciplinary team of mental health staff to support them to live well in their communities. This will ensure that there is a core offer with equity of access and equity of outcome for all our residents
- 4.4.5.2** As part of the community transformation, programme existing multi-agency pathways are being reviewed. Currently within local systems, joint working occurs through a range of different mechanisms, such as multi-agency risk assessment conferences, which involve community safety, mental health staff, social work and other key agencies.
- 4.4.5.3** **Current areas of transformation are as follows:**
- **Primary Care Network Integration:** additional mental health staff in 23 of 30 primary care networks. Core integrated teams will also wrap around PCNs,
 - Enhancement of community teams
 - Other more intensive/specialist services such as Early Intervention Psychosis are also being expanded.

5. SYSTEM CHALLENGES

- 5.1** Mental Health LTP performance is expected to be enhanced significantly as we move toward 2022-23. In addition, there is considerable demand and higher levels of acuity in those presenting with mental health difficulties.
- 5.2** The post Pandemic surge in demand for Mental Health services has and will put the system under significant pressure. Community transformation will be crucial to managing demand in this area as will supporting people to live well in the community through earlier identification and support.
- 5.3** The system response to the Pandemic has shown that collaborative working can deliver significant transformation, mutual aid and sharing best practice. This desire to collaborate has continued, with the mental health system leading the way in matrix working between organisations and teams.
- 5.4** Over time, we will develop this way of working to ensure equitable provision and access to care through greater levels of collaboration and mutual aid. This will also support workforce resilience, staff recruitment and retention and reduce fragility of some specialist provision as well as reliance on out of area capacity.
- 5.5** The investment into mental health services is dependent on securing the workforce. To date, substantial recruitment has taken place to support the expansion in service

delivery and a comprehensive workforce plan underpinning the service developments has been required. There will be further work to do in this regard as the demand for a skilled workforce continue to grow.

6. ALIGNMENT WITH MENTAL HEALTH REVIEW

- 6.1 JHOSC members will be aware of the strategic reviews of both mental health and community services that is currently underway. There has been much work to ensure that the work of developing the core mental health offer is aligned to the service developments that have taken place in mental health services as part of the NHS Long Term Plan (LTP) deliverables.
- 6.2 This includes the patient and public feedback that we have gained about mental health services which we have used to develop the core offer for mental health services.
- 6.3 The reviews are progressing well with impact and gap analysis against the core offer with existing provision. This will inform the future commissioning and transition plan for moving to delivery of the core offer over the transition period agreed across the ICS.

7. RECOMMENDATIONS

- 7.1 The Committee are asked to **NOTE** the contents of the report