



Update on Community & Mental Health Service Review; Haringey Health & Well Being Board

16 March 2022



Update on the Progress of the Community and Mental Health Review

The following slides update the Haringey Health & Well Being Board on the progress of the Community & Mental Health Services Review

They note the work that has been undertaken to develop the core service offer and set out a brief description of what the core services offers will cover

The slides note how service user/resident feedback has been incorporated into the core service offer and how this work is also being used to support the delivery of some specific community and mental health service outcome indicators which will help measure progress and show if the core service offer is making an impact e.g. in terms of reducing variation, improving access etc.

The slides then note the range of current discussions to help find identify funding to implement the core services offer. That includes discussions with providers on productivity and on how for example some services might be organised (not delivered) on a pan NCL basis

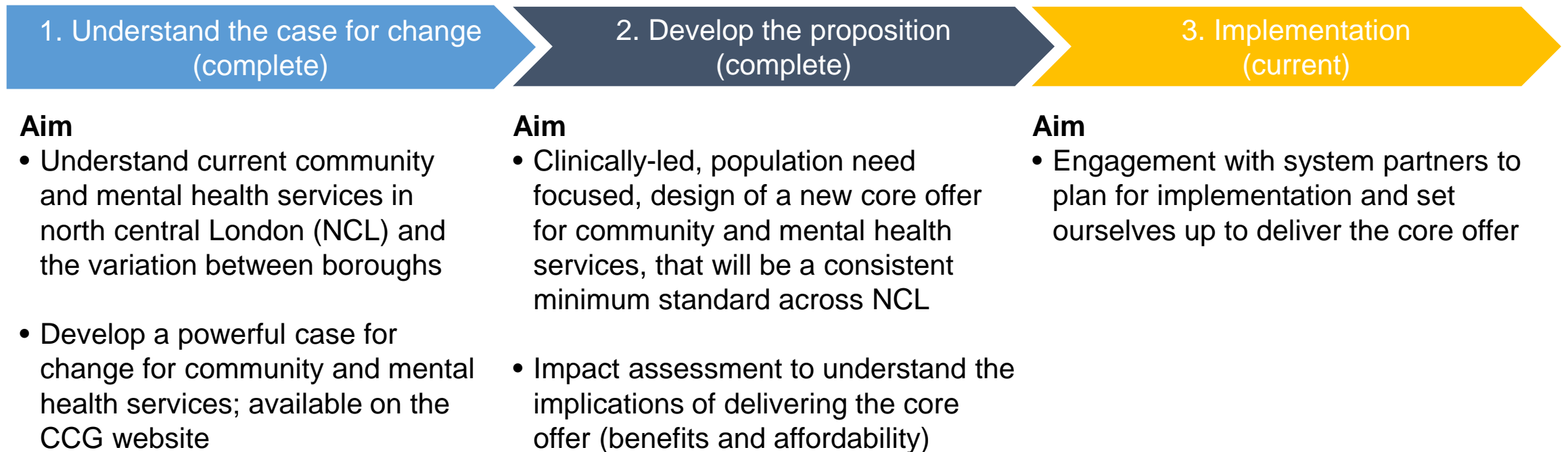
Some funding to start implementation will be agreed as part of finalising 2022/23 contracts but as yet how much and what that means for Haringey is still being worked up

Further discussions are also needed to agree how the core services offer will be delivered at a place level in conjunctions with Borough partners

It is anticipated that at the next Health & Well Being Meeting a much more detailed report will be available for discussion

Introduction and Background

NCL CCG has committed to conducting a strategic review of community services and mental health services to **address long-standing inconsistencies** in **service offer**, **access** and **outcomes** for our population. The mental health and community services review are running in **parallel**, with **integrated workstreams**, to ensure that physical and mental health services are joined-up. Both reviews have taken a consistent **three stage approach**. **We have agreed the baseline review findings and the core offer that addresses issues and patient/service user feedback** and are now working on the plan for implementation.



Through this process, a core offer was developed for different age segments of the population and descriptions were drafted for each component of the core offer

Programme Governance, Engagement and Co Design

Mental Health Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GP and Lay member
- Mental Health Trust Chief Executives; Barnet, Enfield and Haringey Mental Health NHS Trust / Camden and Islington NHS Foundation Trust, Tavistock and Portland and Whittington Health
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- 2 Experts By Experience
- Voluntary Sector Representative

Community Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GPs and Lay member
- Community Trust Chief Executives; Barnet, Enfield and Haringey Mental Health NHS Trust, Whittington Health, Central and North West London NHS Foundation Trust (CNWL) and Central London Community Healthcare NHS Trust (CLCH)
- Acute Trust Chief Executive Officer representative
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- Voluntary Sector Representative

Engagement

- Residents Reference Group
- Residents Survey
- Borough Meetings e.g. with Healthwatch In Islington, Bridge Renewal Trust in Haringey
- Specific focused meetings e.g. Mencap in Barnet, Camden Parents of Children with Special Needs

Co Production and Co Design

- Core Service Offer developed with Experts By Experience and some Voluntary Sector Reps
- All community providers
- All mental health providers
- Resident Reference Group input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery); service user co design



Baseline findings – consistent across community and mental spend

The baseline findings from both community and mental health service reviews have confirmed that there is a powerful and compelling case for change



Inequalities

There are stark inequalities in health needs and outcomes across NCL



Provision

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



Access

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



Spend

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



Service user/resident feedback

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

Enfield has over **twice the prevalence** of diabetes as Camden; but **half the diabetes resource**
NCL is the CCG in England **with the most number of people with a severe and enduring mental illness**

Camden's in-reach to care home beds is **25% higher** than Barnet's
Dementia services in North and South of NCL are very different and services in the North provide less on going support

Children in Barnet wait **20 more weeks** than children in Camden for initial SLT assessments
Islington has the highest number of CYP waiting **over 18 weeks** from 1st referral to 2nd contact

Community: In Haringey **£98 / head** is spent **vs. £192 / head** in Islington
Mental Health: In Barnet **£157/per head** **vs. £247/ head** in Camden

Feedback from residents via our Reference Group, along with discussions with residents e.g. from Camden's Citizen Assembly, and data from Health watch notes the distress caused by constant repetition of histories and stressed need for shared records with consent etc.



Core service offers for community and mental health services

The core offer has been co-produced to respond to the case for change with the aim of providing a holistic and transformational minimum service offer for both mental health and community services

The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a **commitment to the NCL population** of the support they can expect to have **access to regardless of their borough of residence**. The core offer will be **holistic and transformative** in the way care is delivered and take a **preventive and proactive approach which focuses on delivery in the community, in peoples homes etc.**

The core offer will provide **clarity to the population, clinicians and professionals** in the system on **what support is available, when it is available and how to access it.**

The core offer contains:

- **A description of care functions and services** that should be available across NCL and how these integrate with the wider health and care system. The components of the core offer include **services delivering care**, as well as **coordinating functions** which will help navigate and integrate services for service users. The core offer describes:

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

The core offer will be the minimum service standard across NCL.



The Core Offer

A core offer has been developed for different age segments of the population and consists of core offer outlines, coordinating functions and specifications for services

Core offer outlines provide a summary of elements and services that are part of the core offer for each age profile. The outlines also show elements not within scope of the review but that should be linked in with the core offer, as well as enablers.



Children and young people



Working age adults



Older people

Each outline also contains a set of **coordinating functions** encompassing a central point of access, care coordination and case management.

Coordinating functions to provide a central point of access, navigation and coordination

Service user and their carers/family



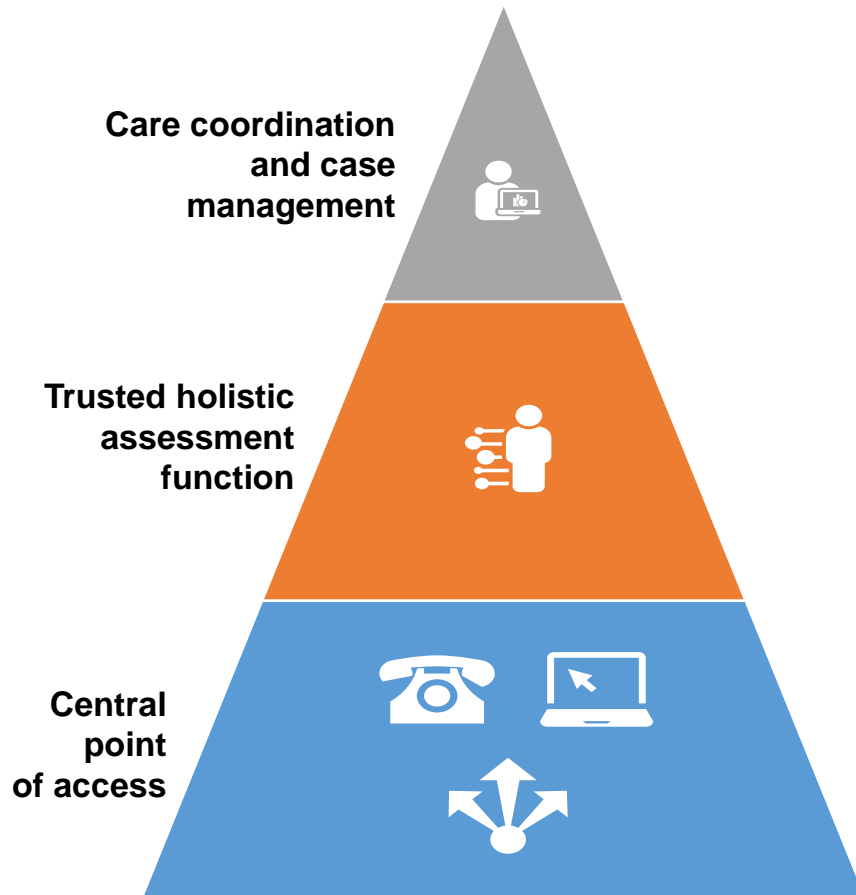
Following each core offer outline, in-scope elements are further detailed in a set of **specifications**. These provide a description of the element and lay out access criteria, hours of operation, capabilities required, where the element should be delivered, waiting times and how the element should link in with the wider health and care system.



The Core Offer – Coordinating Functions

A set of coordinating functions act to support, integrate and navigate care for service users across the layers of the core offer

Increasing complexity of need



- Service users with complex needs are allocated a clinical **case manager**. This individual leads the development of a **holistic care plan and its delivery**
- Care coordinators support this through **organising multidisciplinary team (MDT) meetings** and supporting service users and their families and carers to **navigate health and care appointments**

- Service users have **a single up front holistic assessment of their health needs, functioning, living environment & preferences**
- This is conducted by a senior professional with trusted assessor competencies who has the trust of the full MDT
- Service users and their families and carers **only have to tell their story once**

- Central point of contact at borough or NCL level for initial referrals and contacts with local community and mental health health services
- Provides telephone and/or email hub which **directs referrals or queries to the right individual or service**
- Accessed by any health or care professionals, by service users and families / carers
- Administrators have access to directory of local services and assets and are able to **help service users and professionals navigate the wider available support**

Summary of other benefits of delivering the core offer for community health

Access:	Quality:	Equity and equality:	Workforce:
<ul style="list-style-type: none"> Standardised service provision Extended opening hours and access to OOH services – more convenient access to services Enhanced services Standardised waiting times (e.g., to first contact and follow up) Simplified referrals processes through a central point of access 	<ul style="list-style-type: none"> Focus on prevention and early intervention Enhanced response times to help service users stay well - minimise need for hospitalisation Standardised and enhanced step-down services to support timely and safe discharge of patients from hospital Enhanced older people services 	<ul style="list-style-type: none"> Consistent and standardised offer so that all NCL residents have equal support Links and interdependencies with other agencies and support that focus on wider determinants of health Core offer will require a resource redistribution that is aligned with need - residents have health equity 	<ul style="list-style-type: none"> Support staff to operate at the top of their license Collaborative working with other professionals and service users Improve staff satisfaction levels Increased joint working to deliver place-based care Defined and shared culture Co-location where appropriate Joint training

- The ICS is committed to investing in preventative and proactive services that support reduced reliance on inpatient care and to avoid the need for admission. Delivery of the core service offers to achieve these benefits will require net investment.
- A financial impact assessment which estimates the cost envelope required to deliver the core offer, including investment and savings, based upon individual Borough needs and the cost of delivering a full core offer is being developed and discussed with finance colleagues.
- Unlike mental health services where there is a stronger correlation between overall population need and spend, community health services investment is not proportionate to need.
- Analysis of impact that the community services core offer could have on acute activity demonstrates the potential for significant reductions in non elective (emergency) activity has been prudently calculated and shared with NCL system directors of finance.
- The analysis further demonstrates a correlation between increased spend in community services and reduced acute activity as well as improvements in flow. More recently, we have seen first hand how acute hospitals with greater access to community provision have been able to more effectively manage surges during the pandemic.

How Feedback from Resident Engagement Discussions Has Helped Shape the Core Service Offers

As part of the service reviews the CCG has developed a comms and engagement strategy. Some of the feedback we have received is set out below and how this has been incorporated into the core services offer. This work will also feed into our discussions on the community and MH population health indicators

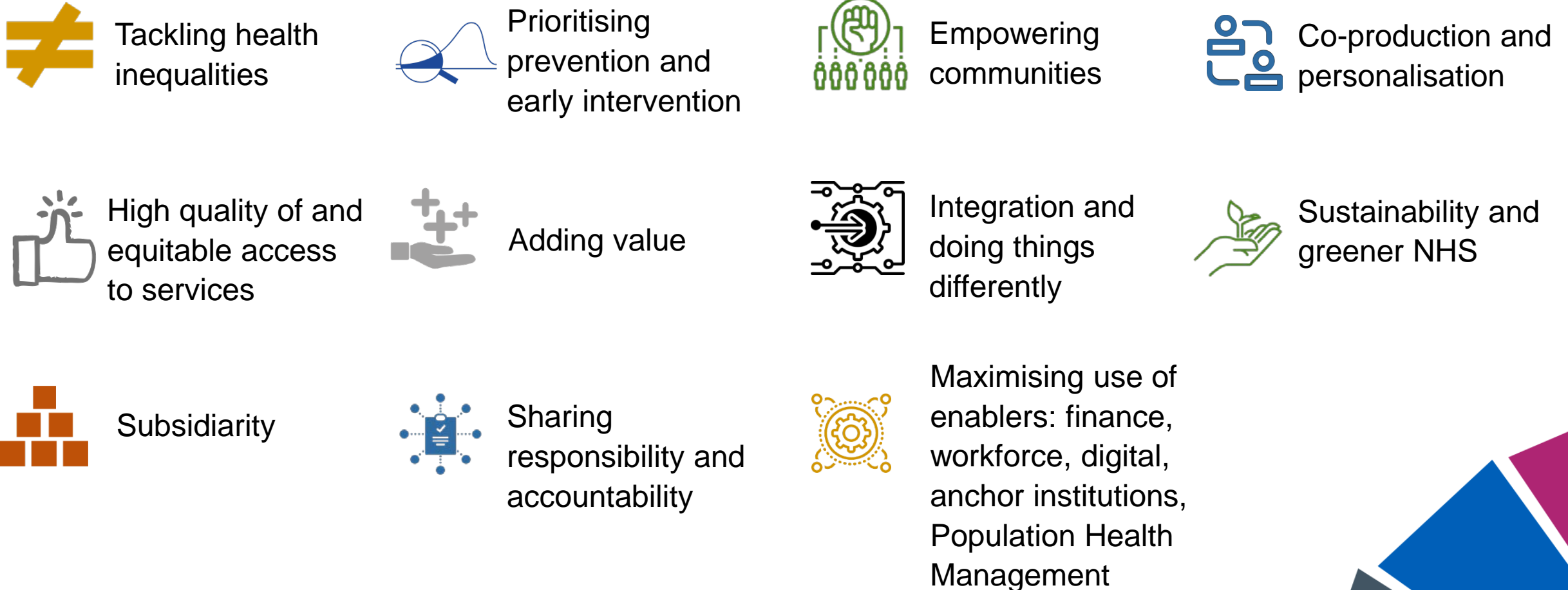
Feedback/Comments from resident engagement discussions:

- Both community and mental health services need to improve access. This includes waiting times, time for first contact and ability to communicate - especially the availability of interpreting services, including British Sign Language.
- Both community and mental health services need to be more dementia friendly and think more about those with other needs, especially sensory problems.
- Both community and mental health services need to reduce the number of hand offs and make better use of technology to avoid people having to frequently repeat their details/stories.
- Both community and mental health services need to improve communications with patients especially when appointments are changed, cancelled etc. and have better processes for responding to patient enquiries etc.
- A move to digital was welcomed by some, but there was a strong counter view that the digital divide was widening and that health services must offer a mix of delivery mechanisms and not just rely on a digital approach.
- All patients wanted services to be personalised and for their care to be considered in the context of their lives and circumstances as well as wanting to be involved in any decisions on their care.
- Transition planning especially from children to adult services was highlighted as problematic and requiring an earlier start than is currently happening.
- Services must be culturally competent and providers need to work with their communities to recruit more local people and use their experience and knowledge to work more effectively with diverse local populations.

How this feedback has been incorporated into the core services offer

- Core service offers include response times, but we will need to address backlog of patients waiting especially in CAMHS. Work has already started in other areas e.g. Therapy waiting times in Barnet, or access to autism/ACHD assessments.
- Core service offer designed around central point of access (or SPA) which could support better direction for some patients to both NHS and local authority / voluntary sector services.
- Core service offer proposes more services with direct access, reducing the need for referral.
- Core service offer supports the personalisation agenda with more care plans, case managers and greater requirement for patient led decision making.
- Core services offer seeks to be more community based and offer pro-active care to reduce number of patient first contact being via A&E or inpatient services etc.
- Core services offer has some integrated working between mental health and community services but this needs more discussion as part of thinking through how the core offer is delivered at a place level.
- Core offer includes focus on transition planning and development of more specific 18-25 services to bridge between CAMHS and adult services.
- Other feedback for providers included further discussion needed on culturally competent services and digital offer, dementia friendly approach etc.





Proposed principles to developing the NCL Population Health outcomes and Population Health Improvement strategy






Proposed NCL Population Health outcomes framework ; Specific community & MH outcome indicators will contribute to the delivery of the overall work on population health outcomes.

Start well


Every child has the best start in life and no child left behind

-  Improved maternal health and reduced inequalities in perinatal outcomes
-  Reduced inequalities in infant mortality
-  Increased immunisation and new born screening coverage
-  All children are supported to have good speech language and communication skills

All children and young people are supported to have good mental and physical health



-  Early identification and proactive support for mental health conditions
-  Reduction in the number of children and young people who are overweight or obese
-  Improved outcomes for children with long term conditions

Young people and their families are supported in their transition to adult services



-  All young people and their families have a good experience of their transition to adult services

Live well




Reduction in early death from cancer, cardiovascular disease and respiratory disease

-  Reducing prevalence of key risk factors: smoking, alcohol, obesity
-  Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduced unemployment and increase in people working in good jobs




-  Support people to stay in jobs, including mental health and musculoskeletal services
-  Anchor institutions to employ local people including those with mental health illness, physical disability, and learning disabilities, and to buy locally including by using social value-based commissioning and contracting

Parity of esteem between mental and physical health



-  Reducing racial and social inequalities in mental health outcomes
-  Improved physical health in people with serious mental health conditions
-  Reducing deaths by suicide

Age well

Older people live healthy and independent lives as long as possible

-  Ensure that people get timely, appropriate and integrated care when they need it and where they need it
-  Prevent development of frailty with active aging
-  Improved outcomes for older people with long-term conditions, including dementia

Older people are connected and thriving in their local communities

-  Older people have fulfilling and meaningful social life
-  Older people are informed well and can easily access support for managing financial hardship

NOTE: Due to Borough level differences our approach to delivering an equitable core offer will vary.

The 5 Approaches to funding the delivery of the Core Services Offer

Efficiency	Opportunities of Scale	System Savings	Redistribution of Resources	Growth Monies
<ul style="list-style-type: none"> Providers improve productivity to meet system 'best in class' to release funds for Core Offer. Using technology to stretch the productivity further through such processes as remote monitoring. 	<ul style="list-style-type: none"> Providers asked to work together to review services and agree which could be organised at scale i.e. over a larger footprint than 1 or even 2 Boroughs Examples: <ul style="list-style-type: none"> New Services; Virtual wards Large Services; Musculo-Skeletal Services Fragile Services e.g. Specialist nursing Children's Services e.g. continuing and palliative care <p><small>This is for organisation only. Point of delivery remains local</small></p>	<ul style="list-style-type: none"> We seek to reinvest savings from reducing Non- Elective activity arising from a consistent Core Offer. This effectively supports the flow of funds from Acute Providers to Community Providers. 	<ul style="list-style-type: none"> Providers change the footprint over which they deliver services and/or share resources to effectively increase investment in areas that are under-invested. For example how Whittington Health works differently across Haringey & Islington 	<ul style="list-style-type: none"> Growth monies to be allocated differentially with more growth going to areas needing more investment.

- We would need use a mix of these 5 approaches and for example Providers will need to make productivity savings to reinvest in the core service offer.
- For MH the LTP MH Investment standard will support delivery for MH investment. To a lesser degree Ageing Well funding will support the delivery of the community services core offer given the overlaps along with a system investment . How much the system can invest is currently being agreed by NCL Directors of Finance

Progress on implementation planning

- The CCG has taken a broadly similar approach to understanding what a core service offer should contain and what benefits a consistent delivery of the core service offer would bring local people for both community and mental health services.
- The core service offer reflects the minimum service offer and incorporates requirements of the mental health Long Term Plan as well as the requirements of the NHS England Ageing Well programme for community services.
- To implement the core service offer we will need to invest differently in both community and mental health services and differently by borough. How much money is available to be invested in Haringey in year 1 of our 3 year delivery plan is still being determined.
- For both community and mental health services we are looking at services at scale to address issues with clinical fragility, workforce vacancies and resilience and the ability to contribute to efficiency savings.
- Addressing workforce issue in NCL especially for community services will be challenging and how to do this is being discussed as part of discussions with the 4 Community on collaboration at scale.
- Providers of community services are working together to develop a plan to achieve greater collaboration and delivery of services at scale e.g. for new services such as virtual wards or for fragile clinical services such as specialist nurses. This relates to organisation and possible management, delivery remains at a local level.

Summary and next steps

- In summary, there is a compelling and powerful case for change underpinning the ambition to deliver a core community and mental health service offer for residents in north central London.
- For community services there are a number of approaches being used to test out the most effective and affordable approach to delivering the core service offer e.g. via vertical or horizontal working or through working at scale etc.
- The focus for system leadership during the next stage of review is to conclude the values that can be attributed to pillars of work e.g. system efficiency to bridge the affordability gap or options to re-profile the implementation of the core offer and benefits realisation plan to achieve this. Implementation plans will include arrangements for monitoring of core offer cost, activity and outcomes to ensure the project remains within affordability and delivers planned clinical benefits.
- For mental health services we are working with Providers to look at opportunities for more collaborative working that will support the delivery of the core service offer.
- For both community and mental health services we will continue to develop an outcomes framework to measure the impact of change and improvements to population outcomes.
- Borough based implementation plans will be developed with borough partnerships once the work on financial planning has concluded.
- Service user and partner engagement will be critical to embed and integrate the core offer with wider place based services. To progress this, we are starting a series of discussions with other partners e.g. NCL Experts By Experience group to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.