



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Update to Joint HOSC Strategic Review of Mental Health Services

18th March 2022

Contents of This Pack

This pack provides members of JHOSC with an update on the Mental Health Services review. It should be read in conjunction with the Community Services Review. A number of the slides including in this pack on the shape and form of the core service offer are equally applicable to Community Services but have not been repeated.

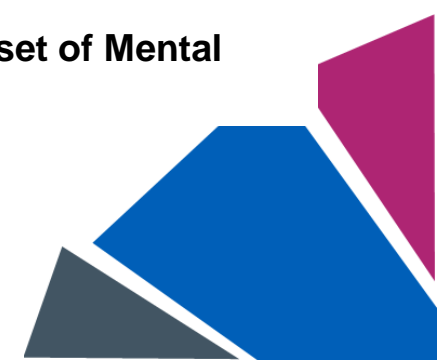
The attached slides set out the process for the review which is running in parallel with the community services in recognition of the importance of ensuring as part of the outputs from this work we achieve better support from mental health services for those with a physical illness and vice versa. As the review progress we will use our work with Borough Partners to agree how this will be achieved.

The slide on how service user and residents voices and views have been incorporated within the core services offer have not been repeated have been integral to this work s mental health. This slide gives examples on how views have been incorporated into the core services offer.

For mental health we are starting to explore what will be the most effective arrangements for commissioning to deliver a more cohesive proactive service that focuses on prevention and addresses inequalities in how services are experienced. Current arrangements need to be reviewed in light of these ambitions and in the context of the development of place within the ICS

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 partners including service users and local residents to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.

JHOSC members are asked to note the progress of the MH review and next steps including the work to develop a set of Mental Health indicators and to agree Borough based implementation plans



Introduction and Background

NCL CCG has committed to conducting a Strategic Review of 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.

1. Understand the case for change (complete)

Aim

- Understand current mental health services in NCL and the variation between boroughs
- Develop a powerful case for change for mental health services; available on the CCG website. The next slide provides a summary of key findings

2. Develop the proposition (complete)

Aim

- Clinically-led, population need focused, design of a new core offer for community and mental health services, that will be a consistent minimum standard across NCL
- Impact assessment to understand the implications of delivering the core offer (benefits and affordability)

3. Implementation (current)

Aim

- Engagement with system partners to plan for implementation and set ourselves up to deliver the core offer

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; BEH/C&I, Tavistock and Portland and Whittington Health
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- 2 Experts By Experience
- 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 Panel input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery) ; service user co design

Conclusions from Baseline Reviews

The Mental Health Baseline Review has:

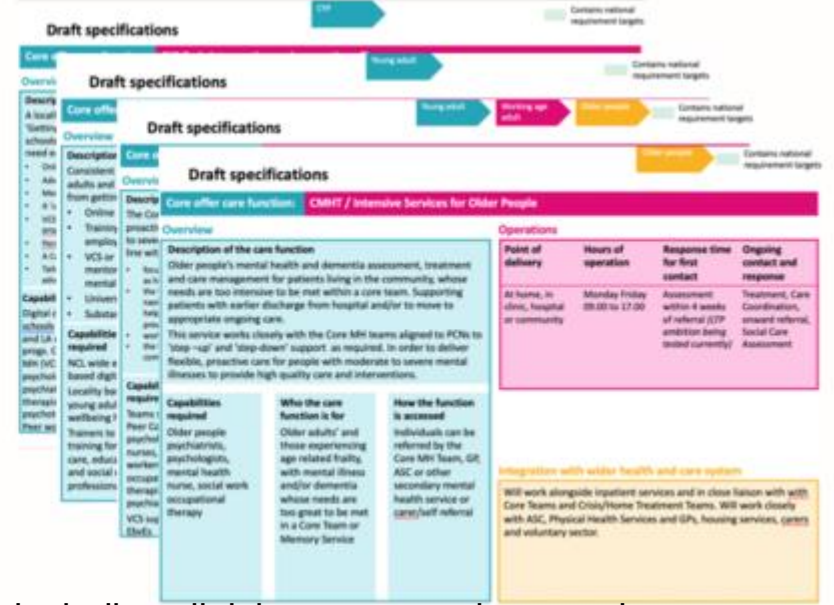
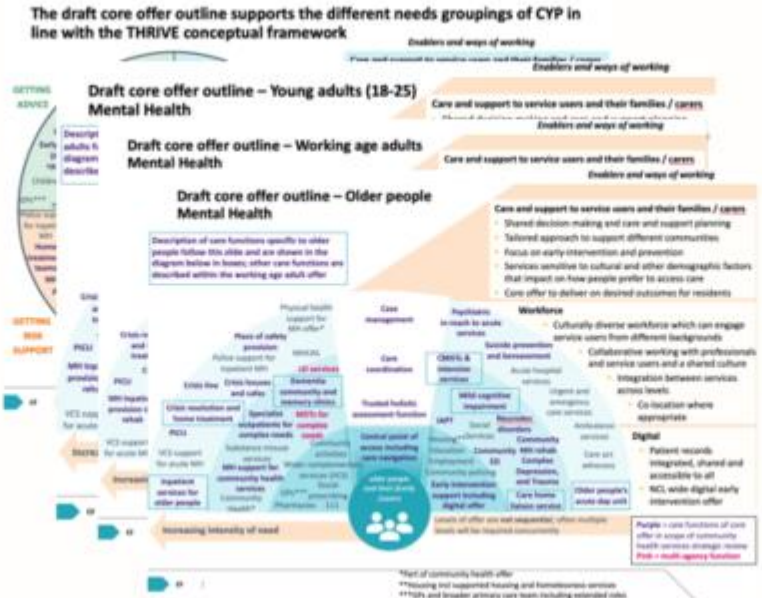
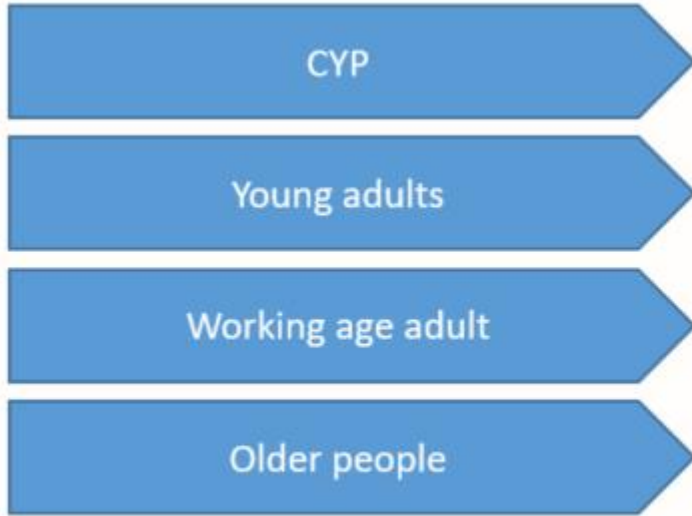
- Confirmed and updated the extent of mental health needs, prevalence and implications on life expectancy etc. amongst the NCL population, including an update on the ongoing impact of Covid-19
- Confirmed the view that across NCL there is a degree of variation in terms of the mental health services provided, and in access and clinical thresholds to services which is not in line with the CCG/ICS principles
- Confirmed the view that current commissioning and provision are not aligned and set up in a way that could deliver the level of change required to deliver the core and consistent service offer that has been co developed and agreed across NCL partners. It notes that Children and Adolescent services are particularly fragmented with many statutory and voluntary sector providers all needing to be coordinated
- Acknowledged the extent of the challenge that needs to be addressed as part of the CCG/ICS commitment to improving the life expectancy/health outcomes for its local population
- Acknowledges that the baseline review is a reasonable reflection of the experiences of accessing and using mental health services experienced by the population of NCL
- Acknowledges that further discussion is needed to work in a more integrated and collaborative way with community services to recognise the number of local people with both a mental and a physical health need and the importance of better integrated working to deliver this
- Sets out that there are challenge and opportunities of an NCL approach to aligning delivering a core and consistent service offer with an ICS aspiration for local place based partners to shape the delivery of services in a way that best meets local needs and which supports providers to also work more collaboratively to deliver the core service review
- Notes that by continuing to work in the same way it will take the CCG/ICS much longer to bring about the level of transformation that is required to deliver the core service offer and that different approaches are needed by both Providers and commissioners to ensure a greater pace to delivery
- Provides the 'burning platform' that drives changes to what and how NCL mental health services are provided and how they are commissioned

Emerging Conclusions from the Mental Health Services Review

Work on the NCL mental service review shows that;

- There is demographic variation and different levels of need across NCL. The pandemic has magnified and worsened existing inequalities and has increased the number and acuity of people needing services and support especially young people
- CAMHS services are fragmented with multiple providers both statutory and voluntary sector and might benefit from a more consistent approach to leadership oversight and planning and NCL wide activity such as recruitment to key workforce vacancies
- Service provision and investment do not completely correspond to levels of need although they are much closer than for community services
- Services focus is on a crisis response at the expense of prevention and early intervention
- Core Service offer is a minimum set of service standards that should be delivered consistently across NCL and should support more integrated ways of working and improved outcomes
- More work is needed to work in a more integrated and collaborative way with community services to recognise the number of local people with both a mental and a physical health need
- There are challenge and opportunities in an NCL approach to delivering a core and consistent service offer with an ICS aspiration for local place based partners to shape the delivery of services in a way that best meets local needs
- The new ICS and its ambitions for improved population outcomes provides an opportunity to consider different ways of commissioning mental health services to assist this delivery.

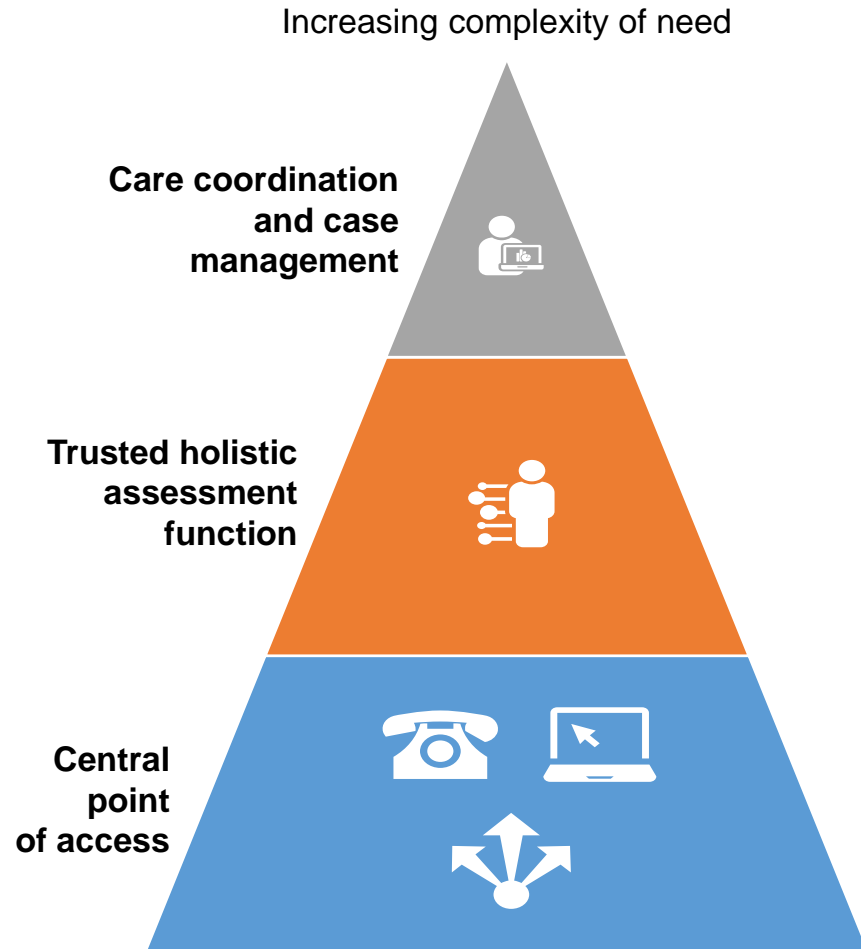
The Core Service Offer for Mental Health



- The Core Service offer for Mental Health has been co-designed by a range of partners including clinicians, experts by experience, local authority reps etc. and focuses on best clinical practice and best local practice and takes a competency based approach to delivery
- The core service offer sets out the minimum offer that NCL residents should expect to receive
- The core service offer describes key interfaces, workforce competencies as well as how services are to be accessed
- The core service offer sits within the aspirations of the national Long Term Plan and has a focus on prevention and proactive care which was important for local people in their hopes for service redesign
- There should continue to be close alignment in planning the delivery of the core service offer and the LTP
- To achieve the benefits of the core offer, it needs to be implemented in its entirety
- Assuming funding is agreed, implementation of the core service offer will take approximately three years given a need for thoughtful discussion with partners, users etc. on how services respond to core offer, recruitment, training etc.

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



- 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 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 MH 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**

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.

Update on Developing an Outcomes Framework to Support Mental Health Services Review


As part of the mental health services review the CCG in conjunction with its partners including service users plans to agree a set of mental health indicators to measure the impact of delivering the core services offer consistently across NCL. This was agreed as an action at the last MH Review Programme Board


- The intention is to nestle mental health indicators under the overall population health outcomes and population health improvement strategy (see next slides for high level indicators)
- The intention will be to agree a small number of key indicators (3-5 maximum) under each of the 7 outcome headings that will demonstrate progress against the key objectives of the community service review
- The intention will be that each MH provider collects the same indicators as part of its contract
- The indicators will start as a mixture of process indicators e.g. waiting time for treatment, i.e. those currently available but in time move to indicators which demonstrate progress on delivering benefits of core offer e.g. reductions in number of emergency admissions, uptake of Improving Access to Psychological therapies for all populations as well as indicators measuring impacts on the wider determinates of health such as older people connected and thriving in their local communities i.e. reducing social isolation etc.
- We are working with Population health team to find indicators and measures that demonstrate improvements which can then be monitored in terms of reductions in inequalities and inequities
- Working with HealthEIntent to collect data and streamline processes for reporting
- These will not be the only set of indicators/KPIs collected but will work along side a range of indicators required nationally and within NCL etc. to monitor and measure performance

Next Steps


We will be working with partners to agree the measures that fulfil the above set of criteria


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

 Tackling health inequalities

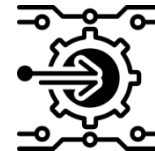
 Prioritising prevention and early intervention


 Empowering communities

 Co-production and personalisation


 High quality of and equitable access to services


 Adding value

 Integration and doing things differently

 Sustainability and greener NHS

 Subsidiarity

 Sharing responsibility and accountability

 Maximising use of enablers: finance, workforce, digital, anchor institutions, Population Health Management

Proposed NCL Population Health outcomes framework

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



**Built in to current affordability model however focus now
on how ICS can maximised these**

Further Opportunities

Efficiency

- Challenge to Providers from benchmarking opportunities identified; Funding to be identified to recycle for core services offer
- Collaboration and sharing of best practice across NCL providers including use of digital solutions

Opportunities of scale

- Delivering some services collaboratively across NCL
- Expected to support our workforce sustainability and delivery of small or 'fragile' services

System savings

- Invest savings from inpatient bed day activity using proactive and preventative MH services
- Reduce number of out of area placements

Redistribution of resources

- Changing the footprint of services / sharing resources to effectively increase resources in areas that need investments; Provider Review between Barnet Enfield & Haringey and Camden & Islington will support this work

Growth monies

- Core offer delivery to have first call on new MH investment & growth monies e.g. use of Mental Health Investment Standard (MHIS)

Funding The Mental Health Core Services Offer

To agree funding for the core services offer the CCG and MH Directors of Finance are working together to agree a balanced system plan for 2022/23. 2022/23 is also year one of the core offer implementation. Work is in progress to ensure that the phasing of core offer delivery is in line with the 3 year plan

- There is agreement that nationally allocated funding from the Mental Health Investment Standard (MHIS) and Service Development Funding (SDF) should be used given the overlap of the core service offer and Long Term Plan For Mental Health
- There is a discussion about how Providers should contribute ' savings' from productivity improvements to recycle to fund the core services offer; Providers will need to time to find savings but the closer working between BEH and C&I is an opportunity for working differently across NCL
- The closer working of the two largest MH Trusts in NCL also brings other opportunities e.g. the development of a single bed management system should help reduce the number of out of area placements and ensure that this funding is used locally
- However despite the use of the MHIS and SDF the increasing demand and especially acuity of services users will require ongoing investment from NCL. How this funding is agreed is yet to be determined

Progress on Implementation Planning

- The core service offer reflects the minimum service offer and incorporates requirements of the MH Long Term Plan
- As part of developing implementation plans we are working on agreement of an outcomes framework. This will sit under and contribute to the delivery of the NCL population health outcomes framework and set out what we want to achieve as the contribution of community and mental health services.
- We are identifying at indicators which can demonstrate progress against our aspiration for preventive and proactive community based services as we know this resonates with the feedback we have had from service users and residents as part of our communications and engagement strategy.
- As part of our approach to developing a funding plan we have provided a detailed productivity benchmarking report which sets out information on skill mix and activity details to identify opportunities for greater efficiencies by working together or delivering at scale to reinvest into the core offer.
- For 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. Changes in the provider landscape with BEH & C&I working more closely together will bring new opportunities for sharing and working more collaboratively
- To deliver the core service offer and its underpinning aspirations on more preventative and practice care, reducing inequalities and moving from a more crisis focused service will require the CCG/ICS to commission in different ways and for Providers to respond differently,. How that will be achieved is to be the subject of further discussions with partners. Provider Collaboratives have been mooted as one option but there are others that will be explored.

Summary and next steps

- In summary, there is a compelling and powerful case for change underpinning the ambition to deliver a core mental health service offer for NCL residents.
- We are working with Providers and partners to look at opportunities for more collaborative working that will support the delivery of the core service offer.
- Borough based implementation plans will be developed with borough partnerships once the work on financial planning has concluded. Mental Health is a priority in Boroughs and these discussions will be an opportunity to achieve greater integration and coordination across different partners.
- Work is starting to develop an outcomes framework to measure the impact of change and improvements to population outcomes.
- 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.
- 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.

