



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Update to Joint HOSC Strategic Review of Community Health Services

18th March 2022

Contents of This Pack

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

The attached slides set out the process for the review which is running in parallel with the MH Service review partly 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 but again apply to the community services offer as well as mental health.

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.

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

Community Services Review Programme Governance, Engagement and Co Design

Community Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GPs and Lay member
- Community Trust Chief Executives; BEH, Whittington Health, CNWL and CLCH
- Acute Trust CE representative
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- Voluntary Sector Representative

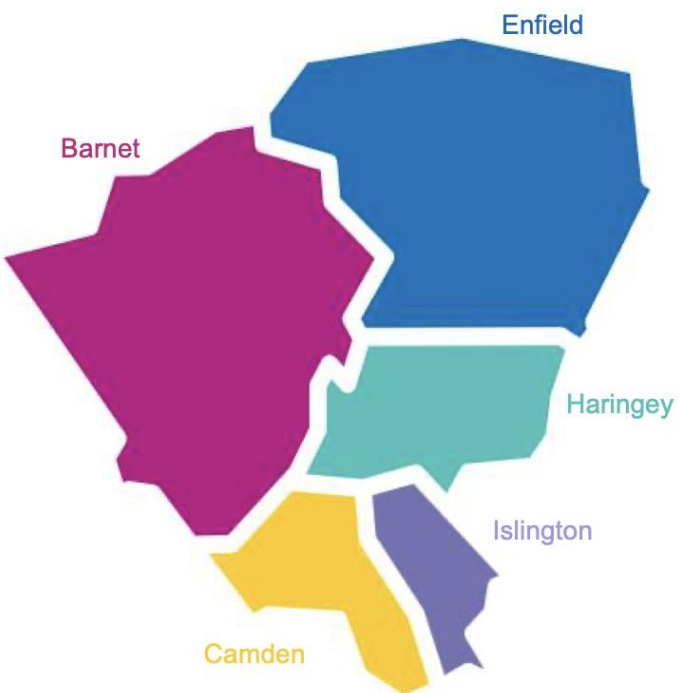
Engagement

- 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 Panel input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery) ; service user co design

North Central London ICS has committed to a strategic review of Community Health services



We agreed in January 2021 that we would conduct a strategic review of Community Health services in NCL to address long-standing inconsistencies in service offer, access and outcomes for our population across NCL. All NHS funded community health services are in scope (covering children and young people, adult and older adult services), except for continuing care services, care home services, primary care contract services and Local Authority services.

A review of Mental Health services in NCL is running in parallel, with integrated workstreams, to ensure that physical and mental health services are joined-up.

The review is taking a three stage approach:



There is a powerful case for changing community health services in NCL



Inequalities

There are stark inequalities in health needs and outcomes across NCL

Enfield has over **twice the prevalence** of diabetes as Camden; but **half the diabetes resource**



Provision

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

Camden's **in-reach** to care homes is **25% higher** than Barnet's, despite Barnet having an older population and the most care home beds in NCL



Access

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

Children in Barnet wait **20 more weeks** than children in Camden for initial SLT assessments



Spend

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








In Haringey **£98 per head** is spent on community health services **vs. £192 per head** in Islington

In order to address this case for change, we co-developed a new Community Health core offer; the aim is to provide equity and consistency for residents across NCL

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**.

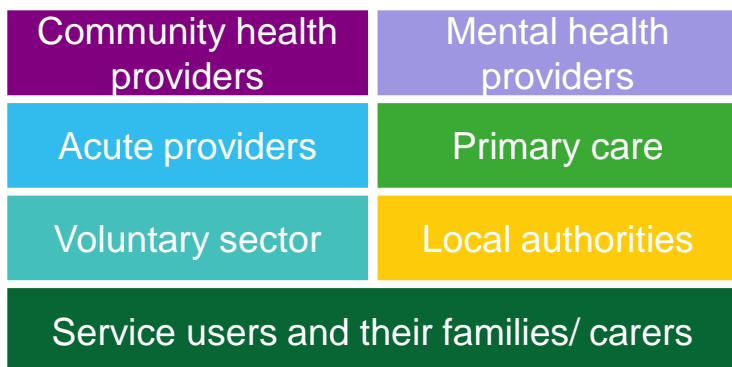
The core offer will provide **clarity to the population, clinicians and professionals** in the system on **what support is available, when it is available and how to access it**.

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)

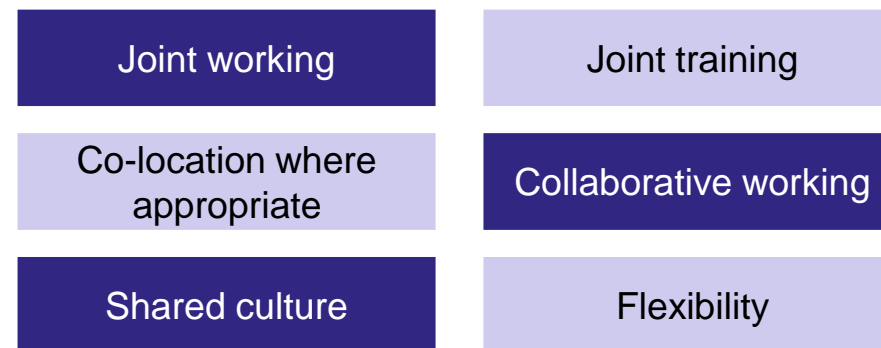
The core offer will be the minimum service standard across NCL.

Working in partnership to deliver the core offer and support place-based, joined-up care



Services in scope of the core offer must be integrated and aligned with other agencies so pathways are seamless

Integrated ways of working across community health, mental health and other agencies will support staff and service users



Coordinating functions will be in place consistently across NCL to support, integrate and navigate care for service users



Central point of access



Trusted holistic assessment



Care coordination and case management

Digital will be fundamental to improve access to care and support and facilitate joined up care



Digital self-help, support and advice services for service users



Virtual services and technology to help patients manage their conditions



Shared care records and interoperable systems

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

Access:

- 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

Quality:

- 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**

Equity and equality:

- **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**

Workforce:

- 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 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 ICB 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 in the pandemic.

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

- Providers improve productivity to meet system 'best in class' to release funds for Core Offer. Opportunities on staffing and skill mix shared for discussions
- Using technology to stretch the productivity further through such processes as remote monitoring.

Opportunities of Scale

- 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:
- New Services; Virtual wards
- Large Services; Musculo-Skeletal Services
- Fragile Services e.g. Specialist nursing
- Children's Services e.g. continuing and palliative care

This is for organisation only. Point of delivery remains local

System Savings

- 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.

Redistribution of Resources

- Providers change the footprint over which they deliver services and/or share resources to effectively increase investment in areas that are under-invested.

Growth Monies

- 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.
- Ageing Well funding will support part of 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



The next stage of the Community Services core offer requires the following next steps:

- Providers developing a Collaboration Plan and present to CCG for testing and assessment of any risks (see next slides for details)
 - CCG planning a prioritisation workshop for end of March to agree Year 1 delivery of core services offer
 - Refresh of system plans and profiling of delivery based on the above including final confirmation from NHSE of the 2022/23 allocations for Ageing Well and Virtual Wards. Plans will need to be risk-assessed and triangulated against staffing and activity assumptions to ensure they remain feasible within the current profiling of delivery.
 - Discussions with Borough Primary Care on implications of implementation of delivery of core services offer at Borough
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- Note that a topslice of system/Acute allocations to support delivery of the core offer has already been discussed with ICS CFOs. **If the refreshed plans cannot address affordability gap the ICS may need to either (a) re-profile delivery of the core offer, (b) request further efficiency of the system (e.g. the impact on urgent care pathways or non elective admissions and how funding can be redirected to preventative Community Services) or (c) review how further savings can be achieved from the core offer work to remain within affordability.**

 - The 2022/23 contracting approach for core offer will require a timetable for implementation including split of the investment across NCL Community Providers. A 'long stop' in the contract agreement is expected due to late publication of planning guidance during COVID. The ICS will need to agree on the mechanisms for ongoing monitoring of core offer cost, activity and outcomes to ensure the project remains within affordability and delivers planned clinical benefits.

Opportunities for different ways of working to deliver the core services offer

The development of a core consistent and equitable offer for community services has been designed to deliver the following aims:

- A core consistent equitable offer for community provision that could be easily accessed and navigated by other services and patients themselves
- Orientate services towards preventative and proactive care working in partnership with Local Authority and Voluntary Sector colleagues
- Reduce the reliance on secondary care services and improve the quality and equality of community services
- Provide the foundation for integrated care and a population health improvement approach to service delivery at place level
- Reduce unnecessary back office and overhead costs associated with fragmentation and duplication
- Ensuring a sustainable and resilience workforce and at scale solutions for fragile services

To deliver these aims there is an ambition to look at different delivery models to test out how far different forms can deliver these aims. The next slide gives an example of the benefits of more collaborative working between community providers



There is a range of benefits that could be delivered through Community Services provider collaboration



Quality

Improved clinical safety, patient experience and pathways

- Simpler to understand clinical pathways, delivered consistently
- Access to the same level of clinical care and information through one central point of access
- Streamlined working of MDTs

Efficiency

Economies of scale

- High-cost low incidence work could be more effectively managed, providing economies of scale for fragile services
- Financial efficiency
- Help to logistically solve estates challenges for hosting teams

Workforce

Increased workforce sustainability and resilience

- Potential to improve recruitment, retention and career pathways
- Shared resources; mitigating staff shortages
- Ability to flex staffing to operational need
- A blended workforce model has better appreciation of population health needs

Leadership

Maximise clinical leadership

- Opportunity to bring together clinical and non-clinical leadership to build the best service
- Opportunity to benefit from the expertise and experience of different teams

Next steps: Delivering the Core Service Offer into Neighbourhoods

- An earlier slide (9) shows opportunities of scale sets out some of the examples of which services should be delivered at scale for resilience/clinical /workforce or financial reasons.
- However the majority of core services will continue to be provided at a neighbourhood/PCN level as part of integrated working at a Borough place level
- As part of understanding the differences in the community services available we have seen that there are different ways of working between community and primary care services locally. Part of that is driven by the differences in community service available but part of it is driven through the historic working of community and primary care staff
- As part of starting to move through our planning transition stage we are proposing developing a neighbourhood model that will support the delivery of the core services offer in a way that deepens integration and joint working
- To do this we will need to work with Primary Care and Borough colleagues to agree a set of principles about how community and primary care should work together to create a consistent neighbourhood offer across NCL
- We can then support further discussions on specific principles on joint working or enablers e.g. a consistent approach to risk assessment, or support for digital technology etc.
- Having these principles and enablers in place should then allow Borough based Partnerships to then build on and enrich working at a local level by bringing in the contributions of mental health, Voluntary groups and public health etc.

Next Steps

- Dependent on feedback from providers agree how discussions on Collaboration/Services at Scale will be progressed
- Continue work within ICS Financial Framework as part of the development of a financial plan and timetable for implementation and with Community Trusts as part of agreeing 2022/23 contracts
- Continue work with Providers to agree how and what of the core service offer can be implemented in 2022/23. This will need to be captured at a high level in contract Service Improvement & Improvement Plans (SDIPs).
- Finalise outcomes to support measuring impact of delivery core offer as well as monitoring approaches associated with implementation.
- Work with Boroughs and ICP leadership and place based partnerships to help determine implementation locally to achieve a balance between an NCL wide core and consistent service offer versus local population need.
- Agreement of the range of local services to be provided in Borough and how these best integrate with other providers e.g. working with primary care, voluntary sector or Local Authority services
- Further work on comms and engagement approach to be able to clearly articulate to local people the 'so what' of the service reviews and be able to set out how these will make a difference to their care and experience and health outcomes locally and update resident and user engagement plan