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HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Thursday, 16th September, 2021 at 7.00 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

Membership:

co : Huseyin Akpinar, Kate Anolue, Tolga Aramaz, Birsen Demirel, Chris Dey, Alessandro Georgiou, Christine Hamilton (Deputy Mayor) and Derek Levy

AGENDA – PART 1

1. WELCOME AND APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 6)

To agree the minutes of the Health & Adult Social Care Scrutiny Panel meeting held on the 28 July 2021.

4. NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP COMMUNITY AND MENTAL HEALTH SERVICES REVIEWS (Pages 7 - 38)

To receive a report on NCL Mental Health Services and Community Services Reviews.

5. DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

- Thursday 20 January 2022
- Wednesday 23 March 2022

An additional Health & Adult Social Care Scrutiny Panel meeting to be arranged at a date in November 2021.

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON WEDNESDAY, 28TH JULY, 2021

MEMBERS: Councillors Huseyin Akpinar, Kate Anolue, Tolga Aramaz, Birsen Demirel, Chris Dey, Alessandro Georgiou, Christine Hamilton (Deputy Mayor) and Derek Levy

Officers: Bindi Nagra (Director of Health & Adult Social Care), Sharon Burgess (Head of Safeguarding Adults & Quality), Bharat Ayer (Safeguarding Service Manager (Adults & Children's Partnerships), Koulla Panaretou (Mayoral Services Manager)

Also Attending: Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Laura Andrews (NHS NCL CCG), Stephen Wells (NHS NCL CCG), Olivia Clymer (Healthwatch UK), Deborah McBeal (NHS NCL CCG)

1. WELCOME & APOLOGIES

The Chair welcomed everyone to the meeting and asked everyone introduced themselves.

Apologies for lateness were received from Cllr Birsen Demirel.

2. DECLARATIONS OF INTEREST

There were no declarations of interest registered in respect of any items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on the 8th June 2021 were agreed apart from the following:

Cllr Christine Hamilton stepped down as Vice Chair of the Health & Wellbeing Scrutiny Panel. She nominated Cllr Tolga Aramaz to replace her. This was seconded by Cllr Alessandro Georgiou and agreed by Chair.

4. SAFEGUARDING ADULTS ANNUAL REPORT UPDATE

Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care) introduced the Safeguarding Report. The Council is required by law to publish this report and is a partnership report with our service users, tackling safeguarding issues in the community, especially during this difficult year. The Chair thanked Sharon Burgess and her team personally for the exceptional work

they have undertaken to produce this document. The report is in draft form and comments are welcomed before being heard at Cabinet and then Council in November.

The following comments were received:

1. Sharon Burgess (Head of Safeguarding Adults & Quality) thanked everyone for their feedback, advising that scrutiny feedback was vital to the report and the safeguarding partnership is a strong group.

2. , The North Middlesex Hospital have secured a safeguarding team, which has ensured that safeguarding has had a high priority for our health colleagues throughout the pandemic.

The Modern Slavery Team have had y 120 referrals. There are no patterns emerging and there is a close working relationship between the police and emergency services, The Modern slavery team support the police in providing information on crimjnals and offer support to victims were required. All individual cases of Modern Slavery are referred into our MASH teams for children and adults. The Modern Slavery team has existed for 2 years now and improvements are being seen, the up to date report can be viewed on our website. Enfield are the first to have a Modern Slavery team in the Country. Sharon Burgess chairs the Pan London Modern Slavery team. It is an evolving area, but more understanding is needed.

3. Figures from the Care Quality Commission (CQC) showed an increase of registrations (without inspections) for 2020-2021 of 27% compared to 14% the year before. This was probably due to reduced inspections because of the pandemic but are now recommencing.

4. All care homes that have a listing of requires improvement are now being supported and preventative measures are being put in place to help those to put in place required improvements. There is list of providers that are high risk which is shared on a regular basis with the Cabinet Member, although CQC are currently changing the way they inspect care providers, which will focus more on having a quicker turnaround for reports and more engagement with residents, friends and family

5. The total number of safeguarding adult referrals in 2020-2021 for Enfield are high compared to our neighbouring Boroughs. The BEH MHT data is more focussed on forensic wards on their patch and the forensic unit is based in Enfield although many do not live in the borough.

6. Enfield now have an infection control worker for the last 8/9 months has responded to outbreaks of Covid in the care homes. She provides assessments and visits to control and support the care homes. The care homes also have robust controls of the management of infections. Infection control grants have helped to get situations under control and staff infected were not allowed back into the care homes in Enfield.

7. The government have introduced a requirement that all care home staff will need to be double vaccinated by the 11th November. This includes district nurses, social workers and technicians. The deadline for the first vaccine is the 16th September 2021. After this date they will not be legally allowed back into the care homes without being vaccinated. Disciplines, dismissals, evoked registrations and financial fines will commence.

There are many staff who are worried about the implications of the vaccine to future fertility issues etc. Staff have been spoken to and advice given but further guidance has been received in the last few days and letters will be going out to further advise on the process. GP's will also be going into the care homes to speak to staff. There will be the chance to apply for other jobs within the authority if they do not want to be vaccinated.

8. There is an increase of alerts coming from hospitals and professional referrals through the Adults MASH.

9. The Deprivation of Liberty Safeguards are working well in Enfield. There are no waiting lists in care homes and all staff are aware of these safeguards. We are preparing the introduction of Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards in 2022.

In conclusion it was noted that the work completed so far in the report written by Bharat Ayer was commended and the reassurances given welcomed. There is significant progress made this year with increased resilience built into the service. The report was agreed.

5. ENFIELD INTEGRATED CARE PARTNERSHIP

Received a report from Deborah McBeal, Director of Integration, Enfield Borough Directorate, NCL CCG and Stephen Wells, head of Enfield Integrated Care partnership Programme, Enfield Borough Directorate, NCL CCG on the Enfield Integrated Care Partnership.

It was noted that:

1. There are local relationships and collaborative working in place to develop a plan for Enfield. During the pandemic, the organisations came together remotely to develop a plan to move us forward into joint working.

2. Although joint working exists, Enfield do have a degree of independence and flexibility and there is an integrated care system including all the 5 neighbouring boroughs. The Integrated Care System places a duty on all organisations to collaborate and there is a need to work with all our communities to respond to what the residents tell us they want.

3. Enfield have developed a robust plan over the pandemic period. Responses to flu vaccine improved and this model has been used to help improve take up of covid vaccinations.

4. Within NCL there are national timelines for recruitment and the Chair is currently Mike Cooke who used to be the CEX at Camden Council so much experience is already there. The ultimate goal is the deliver a successful plan.

5. The CCG have a £2m investment fund to maximise inequalities issues and 8 proposals have been put forward and funded. Challenges need to be understood and communicated with our residents.

6. The ICP Plan in Enfield started off small and continues to grow and will eventually deliver all requirements.

7. Enfield CCG merged with Barnet, Camden, Haringey and Islington CCGs on 1st April 2020 to form North Central London (NCL) CCG. The Health and Care Act 2021 means that transactional work is now underway to develop NCL CCG into an Integrated Care System to include the Local Authority, Acute Trusts, and wider health & wellbeing/resident groups. At borough level, there will be Integrated Care Partnerships (ICPs) with similar membership.

8. This large organisational change to the NHS will not affect the way scrutiny is undertaken. The only change will be that local partnerships will work closer together, which will make a difference to local residents.

9. With regard to the transactional changes, there is concern that there is a democratic deficit. The appropriate level of governance is needed at NCL ICS and local ICP level, but positive improvements have been seen.

10. It was confirmed that further work is going ahead independently to develop the Enfield ICP with a number of workshops planned to include stakeholders at the end of September/beginning of October.

11. A difference can be made by continuing to work in partnership. Enfield has received more than a 5th share of the £2.5m from the NCL inequalities levy, which is focused on tackling inequalities.

12. There is a challenge in the Health and Care Act in respect of procurement rules - the NHS will have an exemption, but Enfield Council will not.

12. By working as an Enfield ICP we can continue and expand all the joint working across the Council, providers and voluntary sector that we have built up during the pandemic. We can also work together on issues that have a huge impact on health such as homelessness and housing issues so that we can help our residents live healthier and happier lives.

13. Electronic integrated systems are already in place to enable clinicians to look at a clinical record easily and make informed decision/actions immediately at a glance to avoid delays to care.

14. The ICP will have financial responsibilities but this is still to be determined and guidance is not available yet. Presently the duty would be to work

collaboratively, and partnership input is important prior to legislation being agreed. The leadership for the ICS and the ICP will be made up of a wide range of professionals from across the NHS and local authorities. Other stakeholders such as the voluntary sector and patient representatives will also be key to how the new system decides how to best use resources and what issues to prioritise. There will be a strong resident voice in the new system.

15. Under ICS/ICP working there is a legal obligation to help the whole population. There will be a standard pot of money across NCL making it easier to move money around when required and to focus on need, offering more benefit for Enfield financially for years to come.

In conclusion the Chair agreed the report and welcomed further information being shared with the HASC as it becomes available. The Chair advised that an additional meeting can be arranged later on in the year when there is more information available on the ICS and ICP system and to hear feedback from the stakeholder events.

6. DATES OF FUTURE MEETINGS

The date of the next Overview & Scrutiny Panel was confirmed as the 8th September 2021.

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Agenda Item 4

London Borough of Enfield

Enfield Health & Adult Social Care Scrutiny Panel
16th September 2021

Subject: Report on the North Central London Clinical Commissioning Group Community and Mental Health Services Review

Cabinet Member:
Executive Director: Sarah Mansuralli, NCL Director of Strategic Commissioning

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Purpose of Report

1. The purpose of this report is to provide the Enfield Health and Adult Social Care Scrutiny Panel with an up to date position on the progress of two strategic service reviews, one for community services and one for mental health services, that the CCG is running. The purpose of the reviews is to ensure that over time the North Central London (NCL) Clinical Commissioning Group (CCG) commission sustainable and affordable community and mental health services for all of its residents. Historically the five legacy CCGs commissioned services for their own geographical populations. This has led to substantial variation in the ways services are commissioned and delivered across NCL. This variation is closely linked to different levels of historic funding within the former CCGs.

   This report sets out the process the CGG is following in terms of the two reviews which are running in parallel. Both reviews started in March and are due to complete the initial first three phases by the end of September. This report describes the work of the first three phases including providing information on the scope of the reviews which are limited to services the CCG funds and the governance of the review process.

   This report also provides information on user and resident engagement which has sought to ensure conversations with a wide range of diverse groups across all five Boroughs. The report includes a summary of the feedback received and sets out some of the actions the CCG is taking to address these comments.

   The report includes an update on the work that has been happening over August and into September in terms of the refinement of core service offers and a detailed gap analysis of the ‘ as is ‘ picture versus the new core service offers. This is being finalized ready to be discussed with our partners Carnall Farrar who have been supporting the CCG during the period from March to September. The intention is that during September/October the CCG will be in a position to understand the impact

including the potential costs of delivering the core service offers. The CCG is starting to discuss how the core offers might be commissioned, funded and over what timescales could delivery be achieved. Initial internal discussions will then be extended to include other partners to discuss and agree a NCL approach to an implementation plan.

It is currently anticipated that the CCG's Governing Body may be able to agree an implementation plan by the end of the year, ready to start implementation from April 2022.

Relevance to the Council Plan

2. Community and Mental Health Services provide vital support to Enfield residents and the Council and CCG support a number of integrated ways of working that will benefit from the CCG's work to develop core service offers for all its residents.

Background

3. The creation of one NCL CCG and the impacts of the Pandemic have emphasised the commitment of the CCG to supporting the NHS and national agenda on reducing inequalities and improving health and overall population outcomes. The work of the reviews will support NCL CCG's commitment to reducing health inequalities by ensuring that all residents have access to a consistent range of high quality community and mental health services.

Main Considerations for the Panel

4. *The panel are asked to note the reviews the CCG are currently undertaking.*

Conclusions

5. This report sets out the work the CCG is currently doing to ensure all NCL residents have access to a consistent range of services. At the time of the panel meeting it will not be possible to provide more definite information on the implications for services in Enfield. This information will be available later in the year and the Panel may wish to receive a further report which should contain more details on how the core service offer will be delivered in Enfield.

Report Author: [Name] Jo Murfitt
[Job Title] Programme Director for Community and Mental Health Service Reviews, North Central London CCG
[Email] joanne.murfitt1@nhs.net

Date of report 7th September 2021

Appendices

Summary of Engagement Meetings in Enfield

Extracts From Baseline Reports as part of Community and Mental Health Service Reviews

Background Papers

The following documents have been relied on in the preparation of this report:

None

UPDATE ON THE STRATEGIC SERVICE REVIEWS OF COMMUNITY AND MENTAL HEALTH SERVICES
September 2021

1. INTRODUCTION

1.1 This paper provides the Enfield Health and Adult Social Care Scrutiny Panel with an update 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 NCL residents needing services for both their mental health 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, which will identify interdependencies and reduce duplication of work associated with the reviews.

1.2 North Central London Clinical Commissioning Group (NCL CCG) has inherited a range of community and mental health services from its five legacy CCGs covering Enfield, Barnet, Haringey, Camden and Islington. This has led to a variation in access to services, the approach to delivering care 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, driving out unwarranted variation whilst allowing local services to respond to variable patient need.

1.3 The CCG has engaged Carnall Farrar as its partners to work alongside a CCG programme team. The two strategic service reviews are taking place between March and September 2021, when Carnall Farrar will present to the CCG core service offers, an impact assessment and a transition plan. The impact assessment will consider the financial and service implications of delivering the core service offers against the current levels of services.

1.4 This paper provides information on the purpose of the review, its aims and objectives and governance. It will also update on progress, set out next

steps and provide details on how users and residents are being engaged in both reviews.

2. BACKGROUND TO THE REVIEW

2.1 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. For example with regards 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.

2.2 The baseline reviews, which have been widely shared, 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. They will be available on the CCG's website. An extract of both the community and mental health review is attached as an appendix for illustrative purposes

3. AIMS AND OBJECTIVES OF THE REVIEWS

3.1 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 neighbourhood/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 optimised, as well as ensuring services are sustainable in line with the CCG's financial strategy and workforce plans.

3.2 Objectives of the review

- The provision of a core and 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 optimise 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 accessible as possible.
- It will provide a set of population health outcome measures that will help monitor progress supported by some key performance Indicators.
- It will ensure that community and mental health services are financially sustainable systems both now and into the future based on the growing and changing needs of our population.

- It will ensure the delivery of national planning guidance including the Long Term Plan and Mental Health Investment Standards.

3.3 In addition, as part of the reviews, a set of design principles have been developed. These will be used as part of the impact assessment as a test against which the outputs of the review will be measured. The design principles reflect an ambition for a forward looking review which puts service users and residents at the heart of the service delivery and which has a focus on prevention, early access and personalisation of care.

4. SCOPE OF THE REVIEW

4.1 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 which includes both CAMHS and children and young peoples' community services commissioned by the CCG. 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 and learning disabilities etc. are excluded from the scope of these reviews.

5. GOVERNANCE OF THE REVIEWS

5.1 Both Service Reviews have established governance arrangements, underpinned by a Programme Board, which are both chaired by the CCG's Accountable Officer. Each Programme Board comprises 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 the CCG Chief Finance Officer, ICS Lead Nurse and the Executive Director of Strategic Commissioning as the Senior Responsible Officer of the Service Reviews. Both Boards have service user and or voluntary sector membership.

5.2 Each Programme Board meets monthly and is supported by an internal combined steering group which includes clinical lead GPs, representatives from the CCG's Quality, Communities, Communications and Engagement, Finance, Operations and Business Intelligence teams as well as Population Health input. The steering group meets bi-weekly and it oversees the work with Carnall Farrar as well as reviewing and supporting the review and ensuring alignment to the wider work of the CCG. There are various sub groups which report into the steering group, including a finance and communications and engagement sub group.

6. STRUCTURE OF THE REVIEWS

6.1 Both the Community and mental health services reviews have followed a three phase approach.

6.2 Phase One - Data Gathering to drive shared understanding of the problems

This included 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 45 senior leaders were interviewed and 221 survey forms were returned.

Information from phase one has been analysed and presented in the form of baseline reviews which summarises the data collected and sets out a case for change as to why the review is required.

6.3 Phase Two - Design Workshops

Phase two of the design process involved a series of online workshops and deep dives from June to mid-July. The initial introductory workshop involved over 100 people including colleagues from provider trusts, both clinical and operational, staff including GPs from the CCG, from Local Authorities, experts by experience and a small number of representatives from local voluntary organisations. Subsequent deep dives were specifically held for primary care so colleagues could consider service issues and contribute to the process although GP colleagues did also attend deep dives on community and mental health services.

Overall there were three workshops held for both community and mental health services and each had over 60 attendees from the organisations and groups set out above. The process was iterative as each workshop considered the outputs from earlier discussions and added to the proposals. Pen pictures of fictional but ‘typical’ NCL residents were used to develop the core service offer and think about residents needs within their broader socio economic etc. context. As part of this process it was very clear that residents benefit the most from an integrated approach to service delivery, and from health staff working with Local Authority colleagues in social care, and education, housing, employment etc. as well. An integrated approach was seen as essential in supporting the best outcomes for patients.

The development of the Integrated Care System (ICS) should provide the structure to further explore opportunities and build on the work and plans coming out of the CCG’s reviews of community and mental health services.

6.4 Phase Three Refinement of core service offers and gap analysis

At the end of phase two the CCG received two reports that contained the outputs of the development of the core service offer for community and mental health services. The reports contained a description of each of the functions that should be available across NCL for different population segments, i.e. children and young people, young adults 18-25 (mental health only) working age and older people, and how the different functions integrate within the wider heath and care system.

Specifically the core service offers were set out as a brief specifications for each function. The brief specification includes; what the function is e.g. community nursing and what it aims to deliver; it covers opening hours and out of hours provision, response times for initial contact and then responses times in line with national specifications etc. The specifications also cover who the service is for, how it might integrate or link with other services, where its delivered e.g. home based and the workforce capabilities needed to deliver the function e.g. that could be community nurses able to deliver intravenous antibiotic therapy.

The core offers are now subject to a further detailed review and gap analysis to inform the next phase of work. Further details on this work are set out in section 9 of this paper.

7. USER AND RESIDENT ENGAGEMENT WITH DESIGN PROCESS

User/resident engagement has been a key part of the design process. Part of our engagement work has been achieved through attendance at meetings with statutory partners such as a number of Borough Health and Well Being Boards or NCL Health Over view Committees, and several NCL Health and Overview Committees

However it also includes a number of presentations and discussions with community groups. For example in Enfield we have presented to the following meetings; Enfield Integrated Care Partnership; Enfield Voluntary and Community Sector Reference Group (VCSRG) Enfield PPG Network and Enfield Health and Wellbeing Board.

Staff from the CCG including GPs have as also attended events organised to discuss the service reviews e.g. attendance at a Health watch Islington event and to an event organised by the Bridgwater Trust in Haringey. An engagement log has been set up and this is currently being reviewing to ensure that the CCG has been in contact and discussion with groups and organisations across all Boroughs, and with different population groups within and across boroughs. An update on this analysis will be presented to the Programme Boards for review and challenge. As the reviews progress we expect to re-attend a range of groups to provide the latest update and next steps.

We have also involved users especially our experts by experience group at our core service offer design meetings and they have had the opportunity to contribute to the review of proposals and help shape their current form. As we move to agreeing the final core service offers we need

to agree how best to involve these colleagues in our transition planning work.

The CCG also set up a patient survey which was open for three months and generated approx. 112 responses including 32 from Enfield residents. These have been reviewed and triangulated with other feedback received and with an earlier review of existing feedback reports. We have also been updating our Residents Reference Group on the comments we have received. The Residents Reference Group has also been asked to review and comment on the core service offer proposals and particularly consider these from a user/resident perspective.

7.1 Feedback From User/Resident Engagement .

As part of the design process for the core service offers we have been keen to correlate the comments and views of users/residents and ensure these are incorporated into our core service descriptions where appropriate. Comments have been broadly summarised below in terms of the need for improvement and or action;

- Model of mental health care; more community based, proactive and focused on earliest possible intervention
- Both Community and Mental health services need to improve access (this includes waiting times, time for first contact, 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 a better processes for responding to patient enquires etc.
- A move to digital was welcomed by some but there was strong counter view that the digital divide was widening and that health services must offer a mix of delivery mechanisms 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

The themes coming from our review of earlier work on engagement, our residents' survey and feedback from our Residents Reference Group have been very consistent in terms of overall comments and identification of areas for improvement. Where appropriate some of these themes have been captured within our core service design e.g. our work on mental health is designed to be more proactive and focused on early intervention so we can move away, over time from an over reliance on inpatient care. Our core service offers have set out the improved response and waiting times we will move to commission; we have included a service description for transition and have, in line with national best practice, described an 18-25 year old service for mental health recognising the challenge for some young people of moving directly into the working age services. As part of the core service offer we have described our ambition to set up single points of access, and the wider and more consistent introduction of a trusted assessor role, along with case management and case coordination for those with complex needs. When fully implemented this should address a number of comments on hand offs, repetition of histories as well as providing a better response to patient enquires etc.

However a number of the comments will be better addressed by provider colleagues as they relate directly to how services are delivered. Further thought and discussion with the residents reference group will take place on how best the comments and feedback from engagement events, residents' survey etc. can be shared and how the health system in NCL can demonstrate it has listened and taken action on the feedback it has received.

8. SUPPORTING DELIVERY OF THE CORE SERVICES OFFER: DEVELOPMENT OF OUTCOMES FRAMEWORK

Given the ambitions set out in the design principles and the aims and objectives for the reviews in terms of creating a sustainable and affordable service model across NCL that addresses inequalities, spreads good practice and improves outcomes for residents, in conjunction with Carnall Farrar, we have developed a set of outcome measures to underpin the delivery of the core service offer. There are already a large number of service indicators and performance measures required nationally and as part of our service contracts, so the outcome framework designed to be part of the delivery of the core service offers has focused on a small number of high level indicators. These are intended to track how the CCG and then the ICS is delivering against its broad objective of improving equity of access to community and mental health services. Indicators include measurement of population well-being and independence, moving from reactive and crisis care to proactive planned care, and for the workforce, a measure on cultural competency to recognise comments made during our user and resident engagement. These will be presented to Programme Boards for review and signoff in September.

9. IMPACT ASSESMENT INCLUDING FINANCIAL ANALYSIS AND NEXT STEPS

Following discussion with finance colleagues from the CCG and Provider Trusts it has been agreed with Carnall Farrar that, rather than use incomplete costing information from trusts, a population based approach to costing would be used.

The financial sub group set up to oversee the financial impact assessment has received and agreed details of the methodologies used to calculate relative levels of need. This agreed methodology allows a comparison to be made with the funding the CCG receives annually based on the national allocation formula index against current spend. Once this work is completed it should allow the CCG, and partners to understand the financial implications of the core service offer.

10. REVIEW OF CORE SERVICE OFFERS AND GAP ANALYSIS

Before the financial impact assessment can be completed, there are two outstanding pieces of work that will need to be completed. During August and into September the CCG in conjunction with provider trust colleagues has been reviewing the core service offers. This work is being completed for both community and mental health services. What the current discussions are not designed to do is to describe how the core service offers will then be delivered. This will be the subject of more detailed discussions with providers and other partners including for instance Primary Care Networks etc. once the respective Community and Mental Health Service Review Programme Boards have signed off the core service offers and agreed the system' s readiness to start to undertake more detailed transition planning.

In addition to the detailed discussion and review on core service offers, Community and Mental Health Trust and Borough leads and CCG colleagues, including clinical leads have been asked to review a gap analysis which has been produced and which, once validated will be used as part of the financial analysis to understand the additional costs that will be required to fund the core service offers. The gap analysis describes the services as they are currently provided, compared with what is proposed in the new the core service offers. Given the approach to costing described above its essential the gap analysis is accurate, owned and agreed by Provider Trust colleagues.

Both the detailed review of the core service offers and the review of the gap analysis will be completed in early September and will be passed over to Carnall Farrar to firstly update the core service offers, and thereby the gap analysis. When this is agreed, work can then be completed on the financial analysis in preparation for a discussion with the Community Service Review Programme Board on 24th September and the Mental Health Services Review Programme Board on 30th September.

11. COMMISSIONING OF A CONSISTENT CORE SERVICE OFFER

In commissioning the two service reviews and by deliberately setting out its aims and objectives designed to achieve consistency and reduce inequalities of access to services, NCL CCG has accepted that it will need to make some difficult decisions to be able to fund a consistent core service offer.

The current gaps, based on historic patterns of spend will require the development of a detailed transition plan which will include funding, and timescales to delivery given current workforce constraints. The CCG working within the emerging ICS will need to make some challenging decisions on how it will potentially reallocate existing spending, look at opportunities to move funding from the acute sector into out of hospital care, use new growth funding and look for greater efficiencies in service delivery. It will also need to look at opportunities for different commissioning models for example use of capitated budgets or provider collaboratives.

These more detailed discussions on transition options for both providers and commissioners will take place from mid-September once the detailed work to refine the core service offer and a revised gap analysis is completed and signed off by both providers and the CCG. The core service offers are due to be reviewed at the Community Services Programme Board on 24th September and the Mental Health Programme Board on 30th September.

12. NEXT STEPS

During September and into October the CCG will be working closely with provider colleagues to start to shape a transition plan which will start to set out different options for delivery, including high level funding options. Once there is a draft high level transition plan, further engagement and discussion will need to take place with partners, including Local Authority, users and residents etc. on implications, timescales etc.

It is expected these initial discussions will need to be completed by late November so the CCG Governing Body at its December meeting could be in a position to make a decision on how the core service offer could be implemented and then overseen by the CCG/ ICS as part of its governance and oversight role. An updated communications and engagement strategy will be developed and will run in parallel with this work during September- December with the intension of ensuring partners especially local residents are kept up to date on proposals.

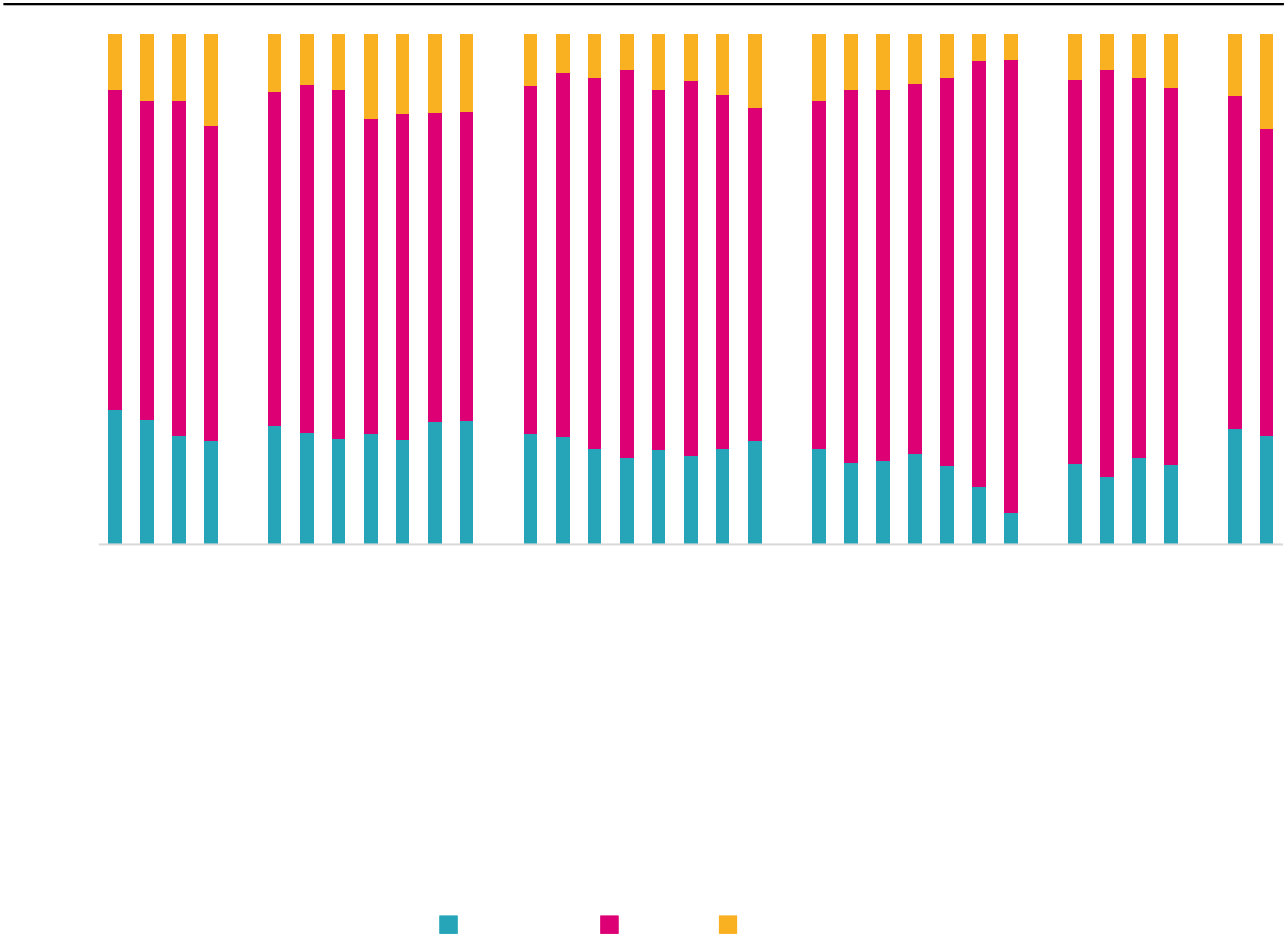
13. CONCLUSION

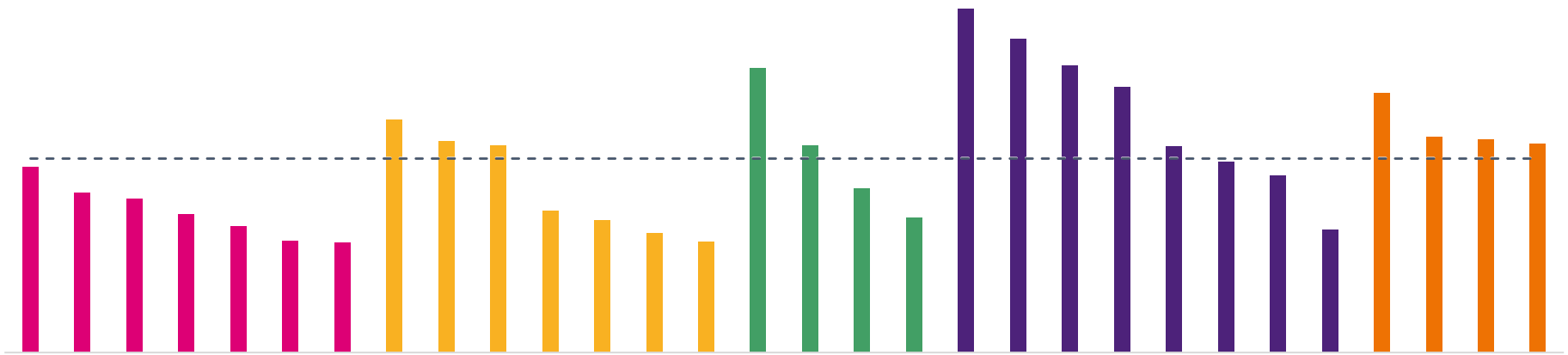
Considerable progress has been made to develop a core service offer which meets the CCG's ambition to achieve a consistent service offer to all NCL residents. During the summer the draft core service offers have been subject to a detailed joint review between the CCG and Provider Trust colleagues as has a review of a gap analysis.

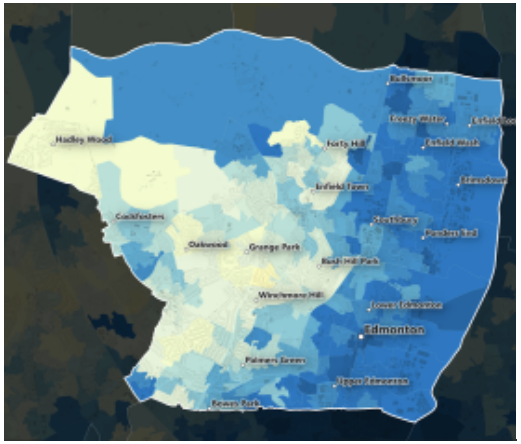
Although a detailed costing of the core service offer is also being completed during September it is clear that the current level of resources will be insufficient to meet the additional funding required. The CCG will need to decide how it is prepared to fund the gap and the options available to ensure a core service offer is delivered across NCL. A more detailed update to Local Authorities will be provided as work progresses but given the complexity of this work further time may be needed to fully understand the implications, costs and pace of change arising from these reviews.

14. RECOMMENDATION

The Enfield Health and Adult Social Care Scrutiny Panel is asked to note the progress of the community and mental health service reviews and the next steps set out in this paper.







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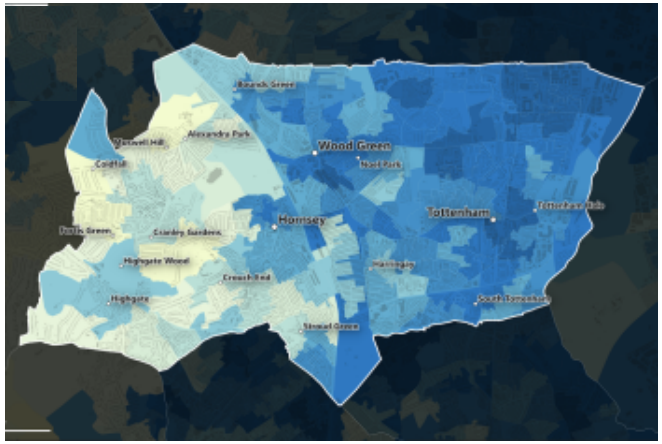

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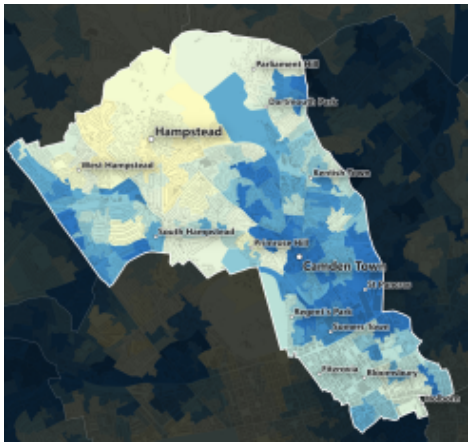

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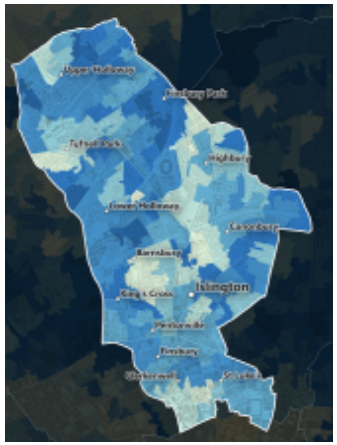

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