Enfield Health & Adult Social Care Scrutiny Panel

Appendix

NCL Community Services and Mental Health Strategic Reviews: Baseline Report; Extract For Illustration

July 2021

Executive summary (1/3)

Introduction

Before the formation of the NCL CCG, services were commissioned by each of the 5 legacy CCGs in isolation, leading to **substantial variation in the way services are commissioned and delivered across NCL**. This disparity is closely related to different levels of **historic funding** within the CCGs. The NCL Community Services Strategic Review seeks to create a **sustainable and affordable community model** across NCL that **addresses inequalities, spreads good practice** and **improves outcomes** for residents.

Community services would ideally be the **glue across our system** that help patients **stay well and support them to recover**. The review brings together **stakeholders from community services, primary care, acute care, social care and mental health services** to develop the interfaces and collaborative working across pathways. A **review of mental health services** is running in parallel, with integrated workstreams.

The review comprises four elements: understanding the **current baseline**, co-development of an **outcomes framework and KPI dashboard**, co-development of a **'core offer' for community health services** and co-development of a **transition plan**. Subsequently, further work will take place to deliver transformation over the short to medium term.

Purpose of this report

This report contains the **findings of the baseline review** of community health services across NCL and concludes the first stage of the NCL Community Services Strategic Review. The picture of community health service provision in NCL is extremely complex and this report is not an exhaustive review of every community health service. The purpose of this report is to highlight the **key themes in the case for change** and **align stakeholders on the key issues** we need to tackle as a system as we commission and deliver community health services in the future. The content of this report focuses on NHS commissioned community health services, although recognising crucial interdependencies with primary care, acute care, mental health services and social care services. The analysis reflects the status of the community health services in NCL at a point in time, based on the information available for this review.

Executive summary (2/3)

Case for change

Developing the case for change has involved analysis and synthesis of three sources of information: themes from **1:1 interviews** with NCL stakeholders, outputs of an **online survey** conducted with wider stakeholders and **analysis of national and local data**. Stakeholders have **aligned around the case for change to redesign community health services** reflecting there is a clear need to **tackle health inequalities**, **optimise use of resources** and develop **system working**. There are four main conclusions from the baseline analysis which inform the case for change:

1. There is significant **demographic variation** across and within NCL boroughs which is associated with **different levels of need** for support from community health services.
   - *Barnet and Enfield have higher % of both children and older residents*
   - *Haringey and Islington overall are most deprived, yet Enfield and Haringey have the highest % of LSOAs in the two most deprived deciles*
   - *Age and deprivation are key factors affecting health and likelihood of developing long-term conditions*
2. However, **service provision and investment do not correspond to the level of need**, with **disparity between service offer and resource**. For example:
   - *Waiting times for children's therapy assessments are between 5-7 times as long in Barnet as Camden*
   - *Enfield has over twice the prevalence of diabetes as Camden yet the community diabetes resource is less than half the size*
   - *Barnet has 3 times as many care home beds per 65+ population as Haringey. However, Barnet also has the lowest coverage of care home in-reach*
3. This disparity appears **related to levels of historic and current funding**.
   - *Camden spends 1.2 times as much on community health services per weighted head of population compared to Enfield*
   - *Increased investment in community services does appear to contribute to overall system performance, associated with lower A&E attendances, fewer avoidable admissions and shorter non-elective acute length of stay in Camden and Islington*
   - *In boroughs with lower levels of community spend, survey respondents felt patients were less likely to be effectively supported*
4. Disparity in service offer and the gap between provision and need leads to **inequity in outcomes**; however, higher investment alone does not deliver better outcomes.
   - *Enfield has the lowest % of diabetics receiving the 8 care processes or attending structured education. However Enfield, has lower rates of admissions for hypo- and hyper-glycaemia*

Executive summary (3/3)

Vision for community health services

Stakeholders from across NCL have initially reflected how the 'core offer' should address the case for change. The 'core offer' itself must be **equitable** and **based on best practice and innovation** from within and outside NCL, with **standardisation of access and offer for population groups with the same needs**, and achievement of **nationally mandated targets and standards**. This should deliver **patient satisfaction**, improved **outcomes**, improved **ways of working together** and **sustainable targets from national service models**.

An objective of the review is the provision of community health services that **optimise the delivery of care across the system** linking with NHS Primary, Secondary, Tertiary services and Local Authority and Voluntary & Charitable Sector partners and services. The core offer will aim to **support NCL residents to live healthier, independent and high quality lives** within their communities. The offer will also **focus more on prevention and early intervention** to enable people to live independently and in good health for as long as possible.

Next steps

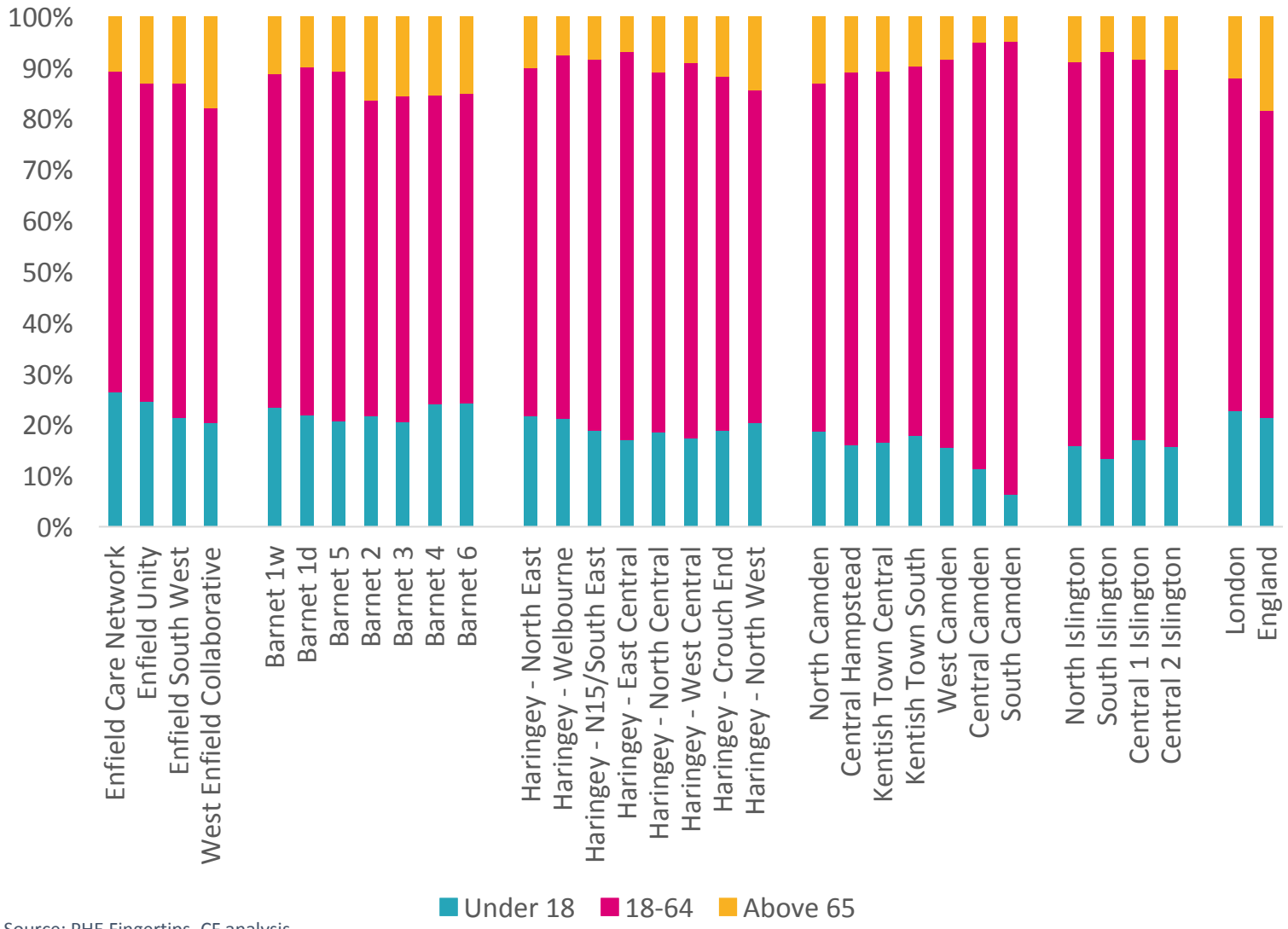
The findings of this baseline report will inform the subsequent stages of the NCL Community Services Strategic Review to design a **new 'core offer'** for community health services. The aim of the review is to have a **consistent and equitable core offer** for our population that is delivered at a neighborhood/PCN level based on identified local needs and that is fully integrated into the wider health and care system ensuring outcomes are optimised as well as ensuring our services are sustainable in line with our financial strategy and workforce plans.

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 design of the 'core offer' will be informed by the **key themes from this baseline report** and **vision for community health services,** as well as by development of understanding of **nationally mandated requirements** for services, of **best practice** examples from within and outside NCL, of **design principles** and of an agreed, shared **outcomes framework**.

Age profile varies across NCL boroughs and between PCNs; Barnet and Enfield have a higher proportion of both children and older residents, compared to other boroughs

Proportion of PCN* population by age group, 2020



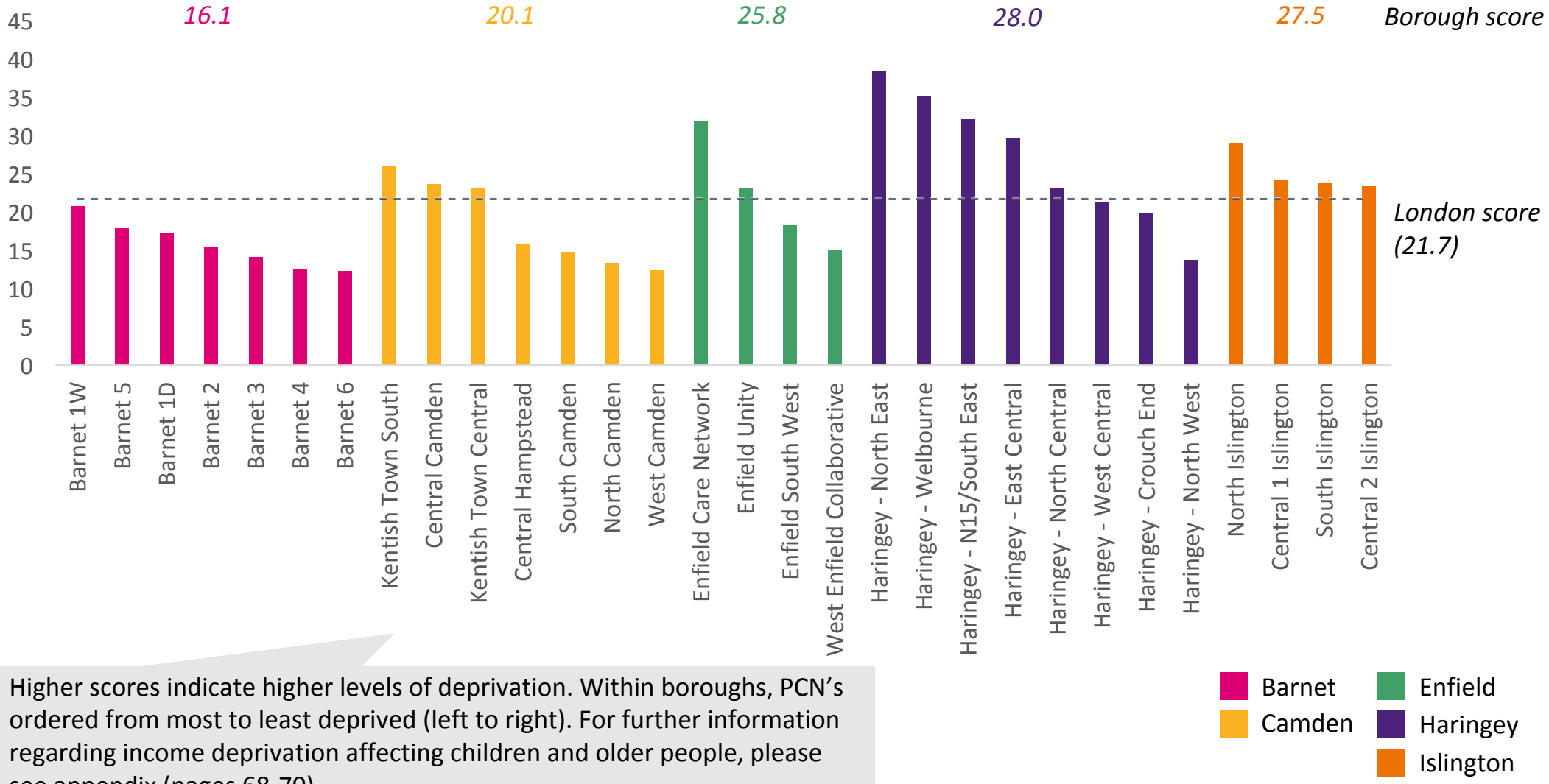
Source: PHE Fingertips, CF analysis

Area	<18	18-64	65+
Barnet	22%	64%	14%
Camden	15%	76%	9%
Enfield	23%	63%	14%
Haringey	19%	71%	10%
Islington	15%	76%	9%
NCL total	19%	70%	11%
London	23%	65%	12%
England	21%	60%	19%

*See appendix slide 60 and following for maps showing PCN locations. Note that analysis contained within this document reflects current configuration of PCN's at time of development.

Across NCL there are high levels of deprivation although there is significant variation across and within boroughs

Weighted deprivation score of NCL PCNs, 2019



Higher scores indicate higher levels of deprivation. Within boroughs, PCN's ordered from most to least deprived (left to right). For further information regarding income deprivation affecting children and older people, please see appendix (pages 68-70).

Source: Index of Multiple Deprivation (IMD), England, 2019 (ONS). PCN mapping based on 2019 groupings

At LSOA level, we see a more detailed picture of variation within boroughs; Enfield and Haringey have the highest % of LSOAs in the 2 most deprived deciles (30% and 33%)

Barnet

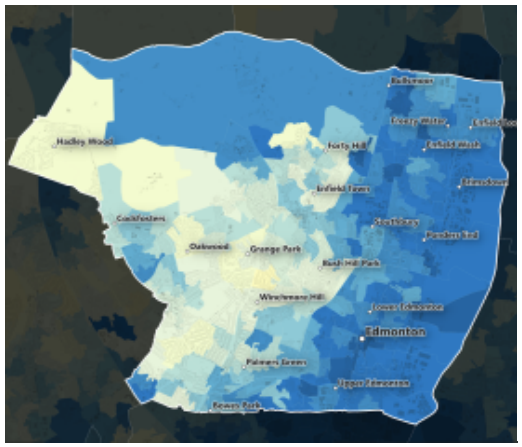
MORE DEPRIVED

1	0.5%
2	2.8%
3	11.4%
4	8.1%
5	10.4%
6	14.2%
7	16.1%
8	17.1%
9	15.2%
10	4.3%

LESS DEPRIVED

41,943 people living in 3 most deprived deciles

Enfield



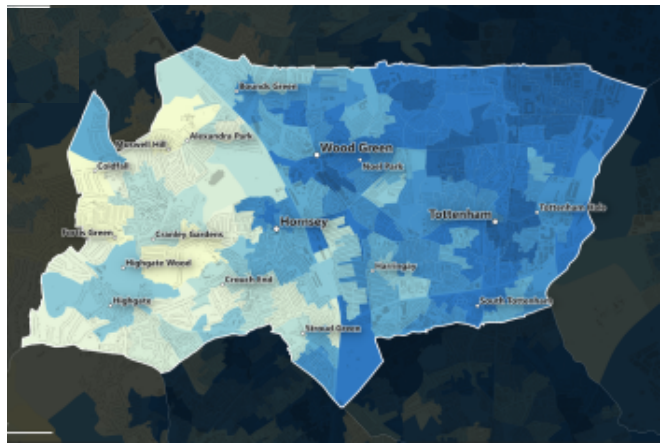
MORE DEPRIVED

1	5.5%
2	24.6%
3	17.5%
4	11.5%
5	7.7%
6	9.8%
7	6.6%
8	10.9%
9	5.5%
10	0.5%

LESS DEPRIVED

181,221 people living in 3 most deprived deciles

Haringey



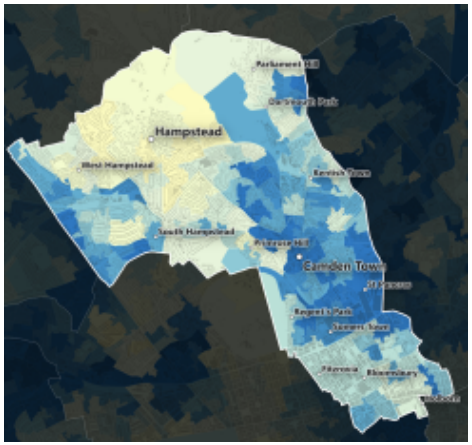
MORE DEPRIVED

1	9.7%
2	23.4%
3	18.6%
4	15.2%
5	9.0%
6	9.7%
7	4.8%
8	6.2%
9	3.4%
10	0.0%

LESS DEPRIVED

131,850 people living in 3 most deprived deciles

Camden



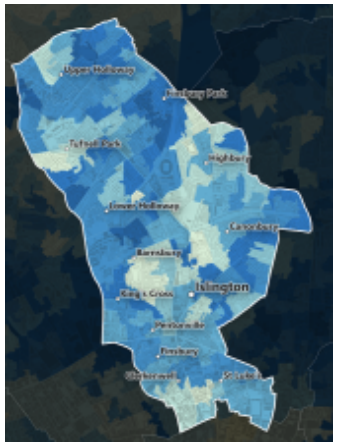
MORE DEPRIVED

1	0.0%
2	16.5%
3	11.3%
4	14.3%
5	10.5%
6	15.0%
7	7.5%
8	8.3%
9	10.5%
10	6.0%

LESS DEPRIVED

64,898 people living in 3 most deprived deciles

Islington



MORE DEPRIVED

1	4.9%
2	21.1%
3	29.3%
4	17.9%
5	10.6%
6	9.8%
7	5.7%
8	0.8%
9	0.0%
10	0.0%

LESS DEPRIVED

110,160 people living in 3 most deprived deciles

More deprived — Less deprived

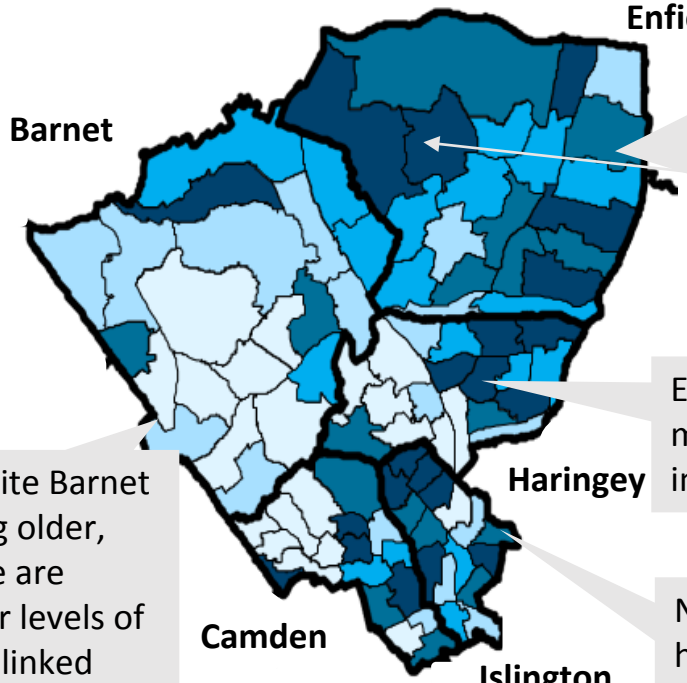
Relative level of deprivation

Colours on the maps indicate the deprivation decile of each LSOA for England as a whole.
Coloured bars and percentages indicate % of LSOAs in each national deprivation decile by borough

Source: https://imd2019.group.shef.ac.uk

Prevalence of long-term conditions is associated with age, as well as with deprivation

Proportion of ward patients who report having a long-term illness or disability



East Enfield has high levels of deprivation. The west of the borough has higher % of older residents

East Haringey is the most deprived area in the borough

North Islington has high levels of deprivation

Despite Barnet being older, there are lower levels of LTCs linked with lower levels of deprivation

Colour scale:

Lower proportion reporting long-term illness or disability

Higher proportion reporting long-term illness or disability

Source; NCL Locality profile reports based on ONS 2011 census

Prevalence of diabetes, in select PCNs compared to levels of deprivation and over 65 populations, 2019

Diabetes prevalence is the % of GP practice registered patients who have a diabetes diagnosis. Prevalence not adjusted for age.

PCN	Prevalence diabetes (%)	Over 65 population (%)	Deprivation score (weighted)
Enfield Unity	12.2%	13.2%	26.5
Enfield Care Network	9.3%	10.7%	32.8
Haringey NE	9.1%	10.1%	38.5
Barnet 1W	8.3%	11.3%	23.7
Haringey N15	7.8%	8.0%	37.2
Barnet 2	6.8%	16.0%	15.5
West Camden	3.9%	8.0%	12.4
South Camden	2.3%	5.0%	22.3

Diabetes here is used an illustrative example of how prevalence of an LTC can be linked to age and deprivation.

Commissioners report that adults in Enfield, Haringey and Barnet with LTCs have access to less comprehensive community health services than elsewhere

District nursing	All boroughs have district nursing provision, but there is variation in terms of scope and resource.	District nursing provision in **Enfield** is scaled back in comparison to other boroughs, in terms of staff numbers and skill mix.	Variation in how criteria for 'housebound' patients are implemented between boroughs.	Variation in levels of integration with GP practices, as well as variation in overnight nursing and cross-border provision.
Rapid response	The enhanced virtual ward offer in Islington and Haringey is unique in NCL. It bridges the gap between ambulatory care and rapid response.	The services operate consistently 7 days per week at least 8am-8pm, but there is variation in when last referrals are accepted ranging from last referrals received at 8pm to referrals accepted 24/7.	There is a need to ensure that pathways are consistent and enable staff to operate at the top of their license to maximise support for people at home.	
Long Term Conditions	**Enfield** has gaps in Long term condition teams and provision for structured education in heart failure, diabetes and respiratory.	There is a gap for community pain management services in Haringey.	There is limited structured education for patients in **Enfield** and Barnet. The Whittington's expert patient programme is not replicated elsewhere.	
Neuro-rehab and Stroke rehab	Pressure for neuro-rehab beds across NCL.	Neuro-Rehab Centre and St. Pancras beds now an NCL-wide offer.	Different non bedded offers. Camden, Haringey and Islington: integrated stroke and neuro community teams. Barnet: CLCH stroke services and RFH community neuro-rehab, **Enfield**: Community Stroke and general physio teams, some private neuro-rehab	Islington and **Enfield** do not have community MS nurses.
Tissue viability	There is a gap for leg ulcer care for ambulatory patients in Haringey. Additionally, tissue viability Home visits are not offered in Haringey.	The tissue viability service in Barnet is more specialist than the service in other boroughs. There is a gap for patients in Barnet who require less specialist care.	In **Enfield** district nurses doing more routine wound care. The specialist service is fragile. In Islington and Haringey, leg ulcer clinics are delivered by district nursing.	

The following slides provide a number of illustrative examples to show how provision for community health services varies across NCL, and how this provision does not align to need.

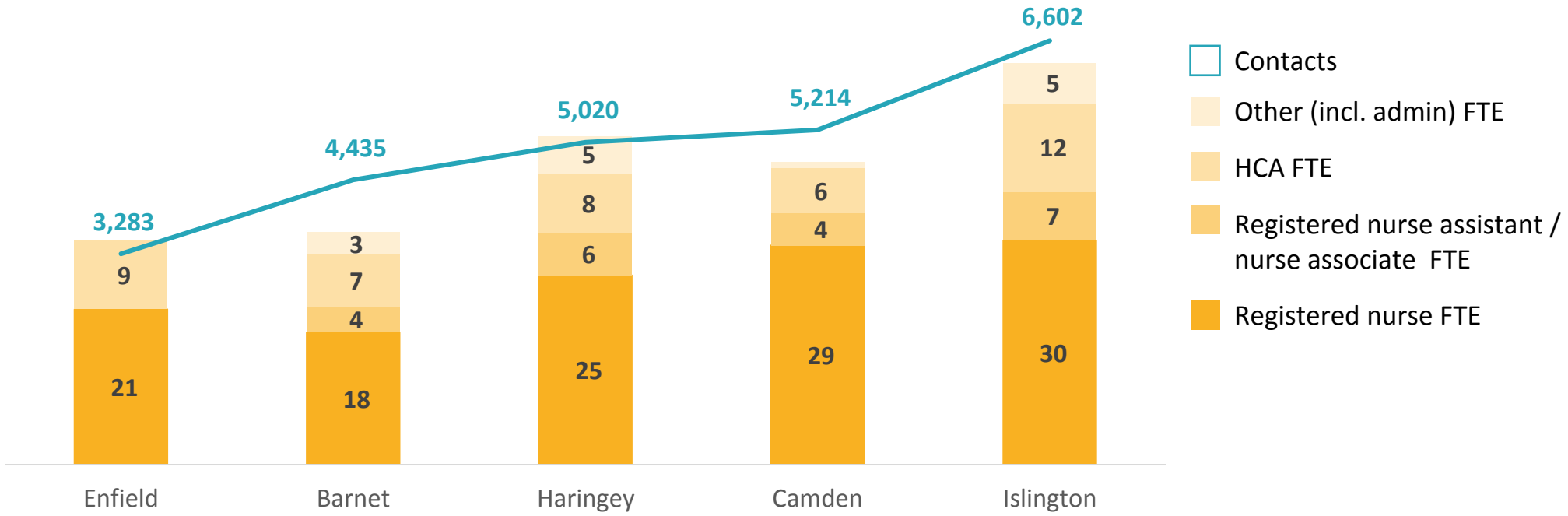
Source: Service mapping developed based on review of service specifications and review of service mapping with borough commissioning leads, NCL CCG Neuro-rehab pathway demand and capacity April 2021

Further service mapping in appendix (pg 54-56).

There is disparity between rates of district nursing resource and activity across NCL; Enfield has the lowest rate of district nursing activity

Average district nursing service contacts per month by borough, **average district nursing FTE,** per 100,000 community weighted population, 2019-20

There is a link between rates of district nursing contacts and community spend: Higher community health investment and higher activity in Islington and Camden, compared to lower investment and activity in Enfield. There is a need to ensure there are consistent pathways to maximise support at home. All services operate 24/7, Monday-Sunday.

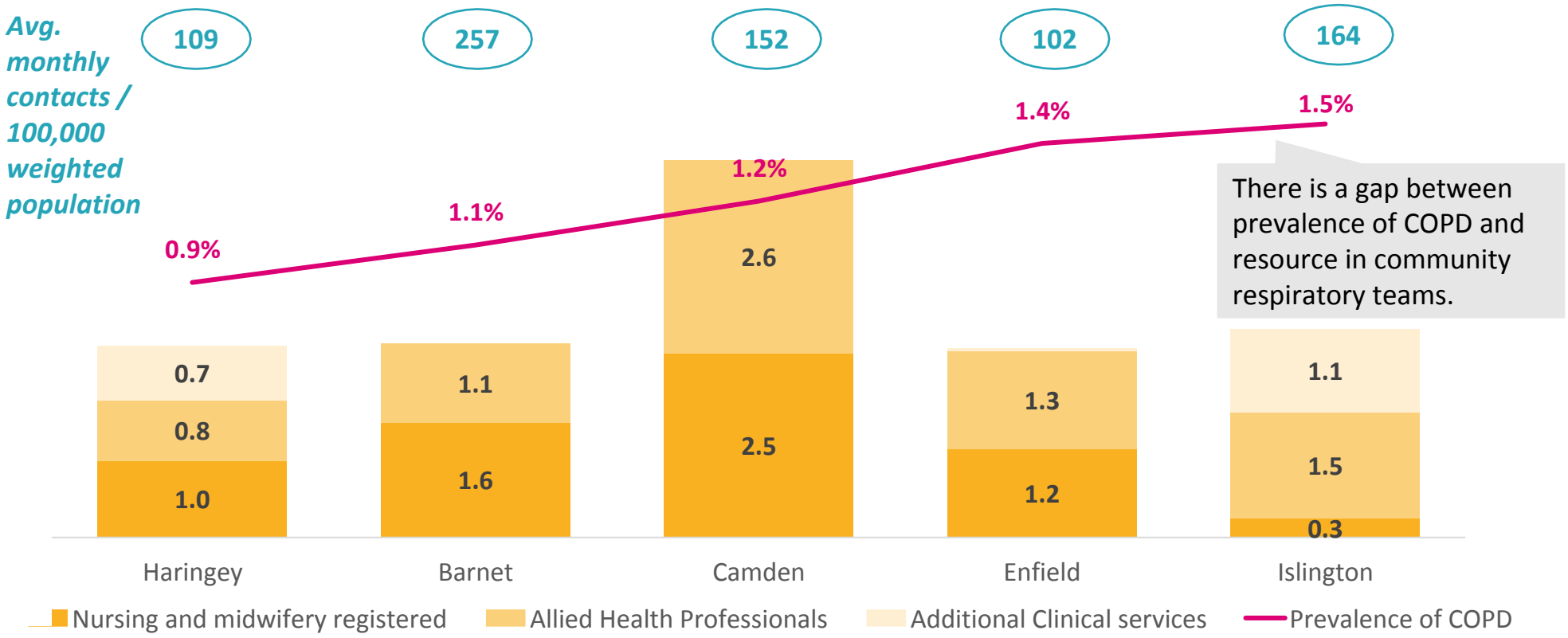


Note: There is a data limitation as what is provided by different 'district nursing' services varies. Eg. WH service includes ambulatory leg ulcer clinic and continence assessments. CLCH service to Barnet, Camden, Enfield and Haringey includes Community nursing phlebotomy. Activity and FTE shown per CCG community weighted population (NHSE). This weighting takes into account age and level of need.

Sources: C3.1 WH Monthly Community Report 1920 M09, CNWL Camden CCG Performance Report M11 19/20, ECS CCG Dashboard 19-20 (BEH),4a. BIPA-BAU-003_Barnet SLA 19 20 M10 CLCH Final, Provider workforce returns, 2021, CCG and GP community services weighted populations. NHSE CCG populations weighted for community health need, 2019/20,. Notes: Monthly average of 19/20 months 1-9 or 1-11 from WH, CLCH and CNWL. Monthly average of 19/20 months 1-3 from BEH. Added together activity from all providers for all boroughs.

Resource is not aligned with need in community respiratory services

Community respiratory service budgeted FTE per 100,000 community weighted population by borough, 2019/20
% prevalence of COPD, per GP registered population by borough, 2019/20, and **average monthly contacts with community respiratory teams,** per 100,000 community weighted population by borough, 2019/20
COPD prevalence is the % of GP practice registered patients who have a COPD diagnosis. Prevalence is not adjusted for age.

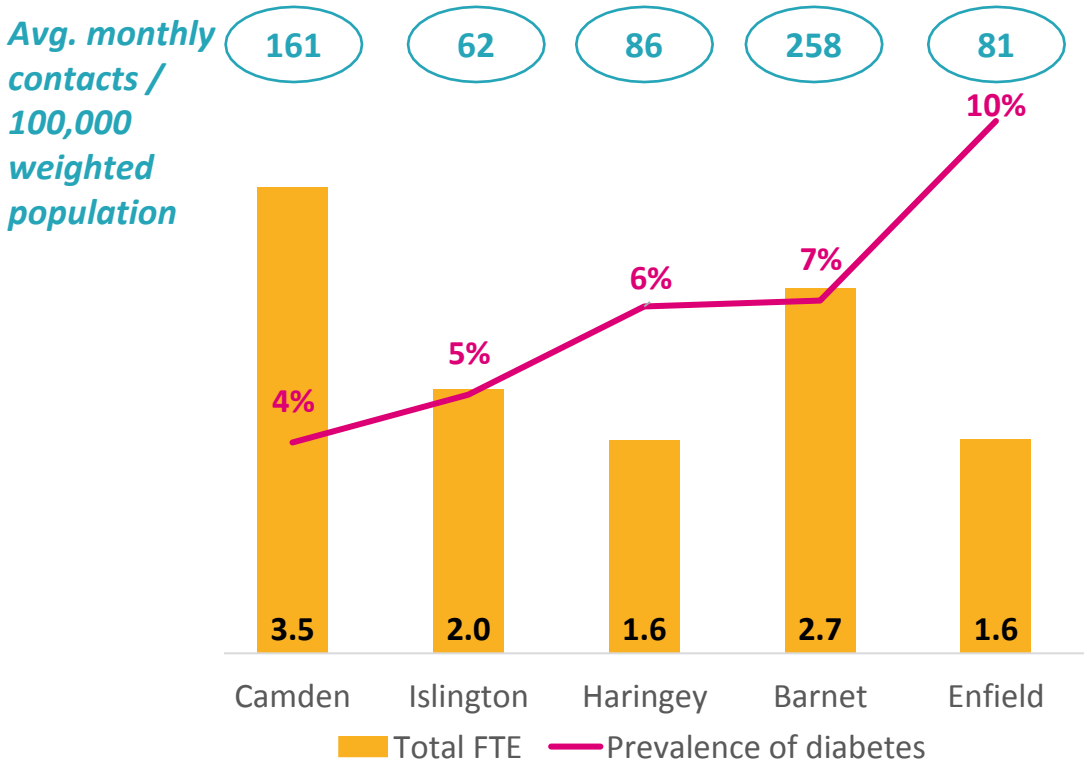


Note: Barnet (CLCH) service includes spirometry. Community spirometry provided by WH in Haringey, but not in Islington. Prevalence of COPD based on GP practice registers used as a proxy measure for demand, as there will be some patients who are not yet formally diagnosed. Activity and FTE shown per CCG community weighted population (NHSE). This weighting takes into account age and level of need.

Sources: C3.1 WH Monthly Community Report 1920 M09, CNWL Camden CCG Performance Report M11, ECS Commissioning report 2019-20 Q1, 4a. BIPA-BAU-003_Barnet SLA 19 20 M10 CLCH Final, CCG and GP community services weighted populations, Quality and Outcomes Framework 2019 data by GP practice, Provider workforce returns 2021, Community recovery dashboard 2021.

Community health provision does not correspond to level of need. Enfield has the highest diabetes prevalence, but the lowest level of community diabetes resource

FTE of diabetes team staff, per 100,000 community weighted population, 2021, and **Prevalence of diabetes**, 2019/20
Diabetes prevalence is the % of GP practice registered patients who have a diabetes diagnosis. Prevalence is not adjusted for age.



Composition of the community diabetes service by role type

Staff group	Camden (CNWL)	Islington (WH)	Haringey (WH)	Barnet (CLCH)	Enfield (BEH)
Nursing	✓	✓	✓	✓	✓
Dietetics	✓	✓	✓	✓	✓
Podiatry	✓			✓	
Pharmacy	✓			✓	
Medical	✓			✓	
Psychology	✓				

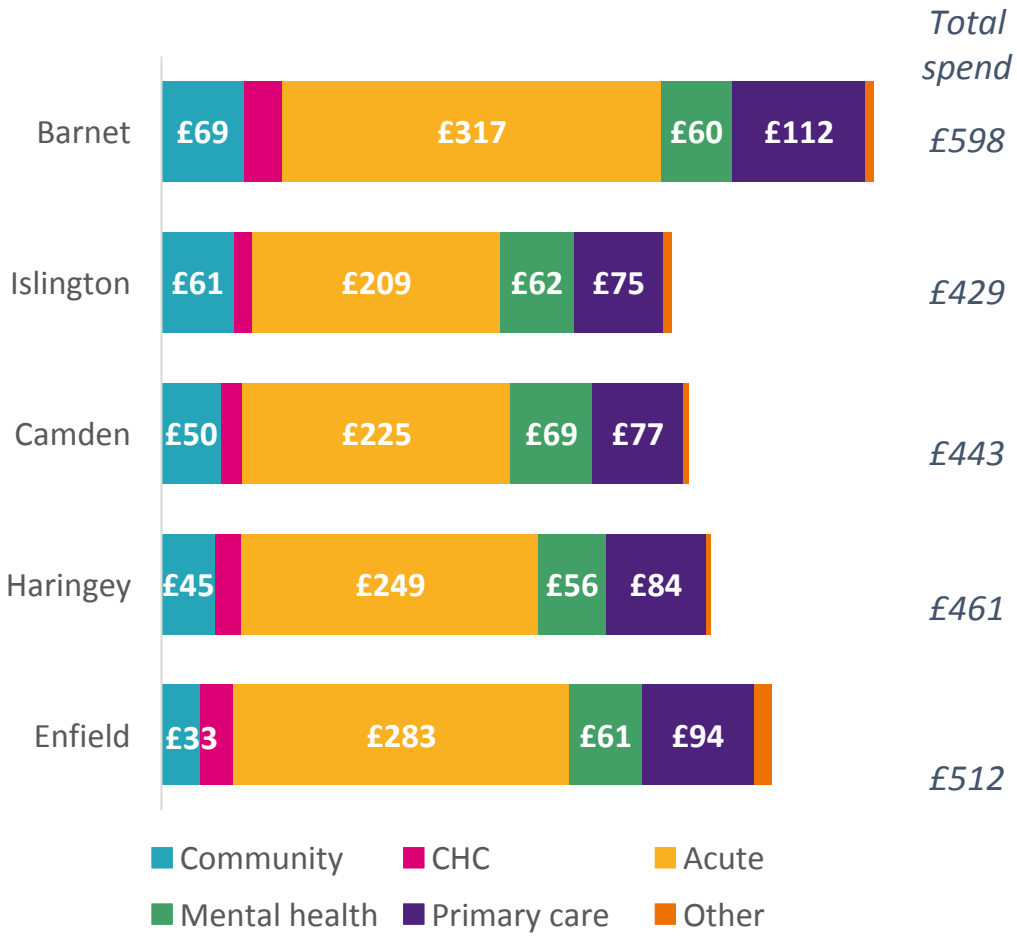
The teams in Haringey and Enfield where there is higher need are missing key members of the diabetic MDT. Barnet has a multi-disciplinary service. Camden diabetes service is integrated with separate Nutrition & Dietetics and Podiatry teams. Other borough community diabetes teams are not integrated with podiatry/other roles.

- Whittington Health share workforce across Haringey and Islington to meet need. This leads to higher activity in Haringey.
- RFH is lead provider for Camden integrated diabetes service. FTE includes CNWL, GP Federation and hospital consultant staff.
- Activity and FTE shown per CCG community weighted population (NHSE). This weighting takes into account age and level of need.

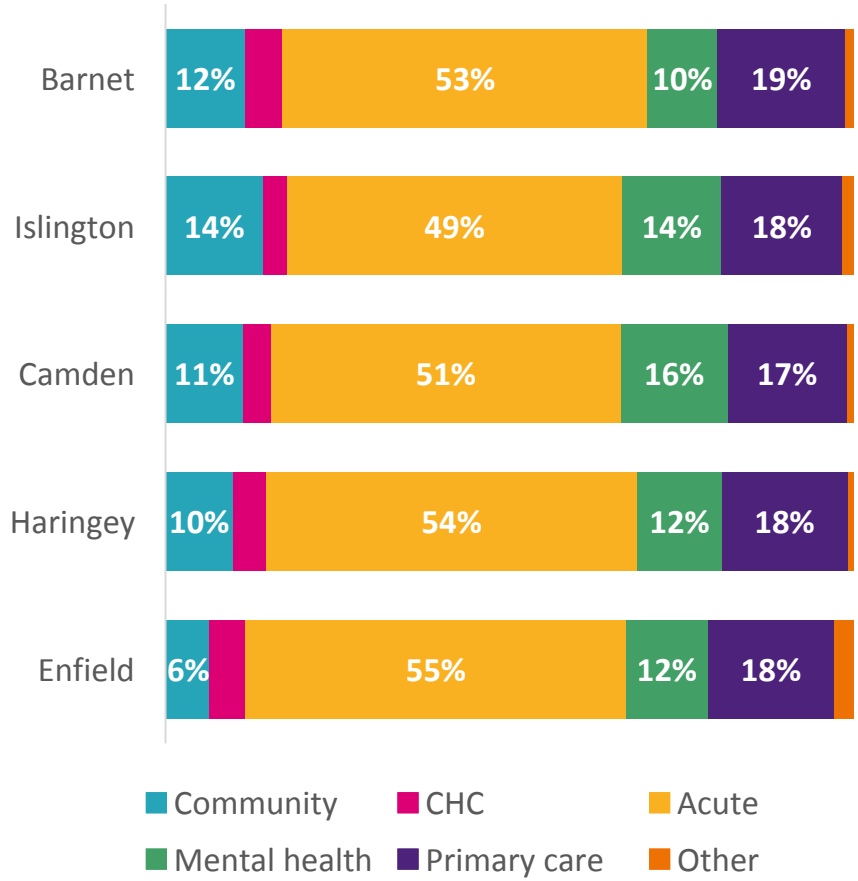
Sources: C3.1 WH Monthly Community Report 1920 M09, CNWL Camden CCG Performance Report M11, ECS Commissioning report 2019-20 Q1, 4a. BIPA-BAU-003_Barnet SLA 19 20 M10 CLCH Final, CCG and GP community services weighted populations, Quality and Outcomes Framework 2019 data by GP practice, Provider workforce returns 2021, NHSE CCG populations weighted for community health need, 2019/20

Barnet and Islington had the highest absolute expenditure on community services in 2019/20, and the highest proportion of total spend on community services

CCG spend by service type, total spend, £M, 2019/20



CCG spend by service type, proportion of total spend, 2019/20

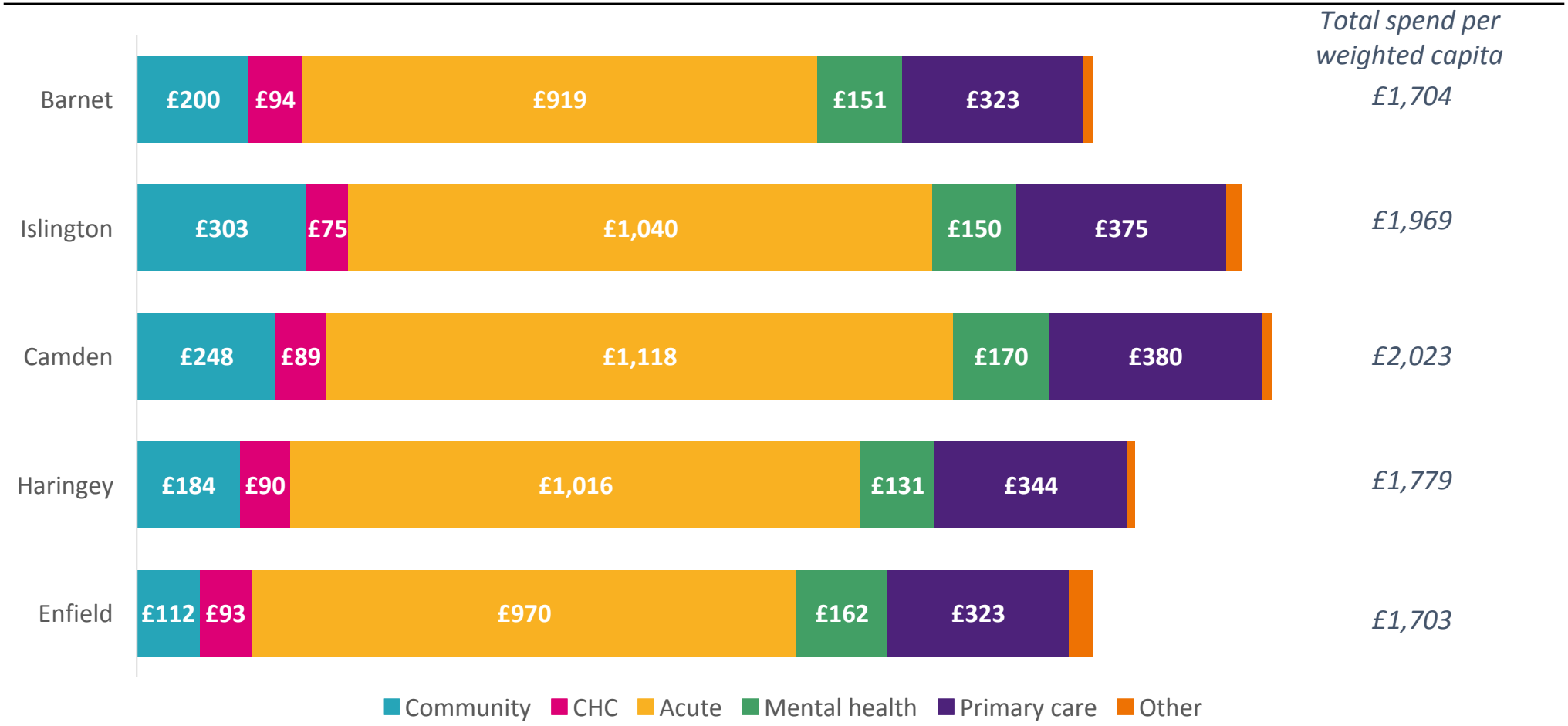


Note: Primary care includes primary care, primary care co-commissioning and primary care prescribing. Other denotes other programme services, excluding running costs.

Source: NHSE CCG general and acute, community health services and mental health services weighted populations 2019/20, NCL CCG finance data, CF analysis

However, Camden and Islington have the highest overall spend per weighted capita, and the highest spend per weighted capita on community health services

CCG spend per head by service type, spend per weighted capita, £s, 2019/20

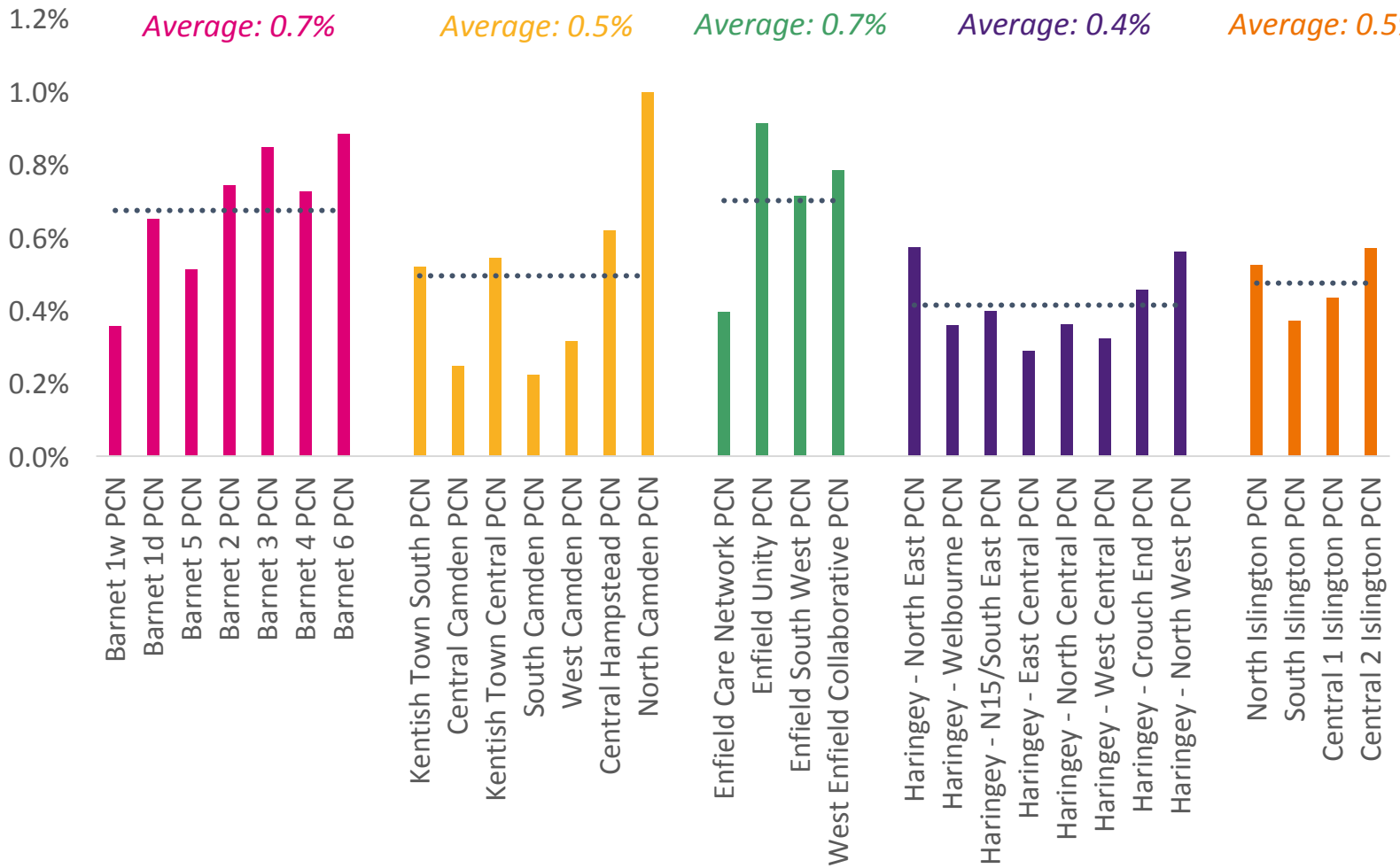


Note: Spend by service type per head of population, weighted for that service type (ie. NHSE Community Services weighted CCG population General and Acute weighted CCG population, Mental Health weighted CCG population, Overall CCG weighted population). Weighting takes into account age and level of need.

Source: NHSE CCG general and acute, community health services and mental health services weighted populations 2019/20, NCL CCG finance data, CF analysis

NCL dementia prevalence is higher than London and lower than nationally; Enfield and Barnet with older populations have higher prevalence

Prevalence of dementia as a % of all registered patients, by PCN, 2019/20



Area	Prevalence of dementia
NCL	0.6%
London	0.5%
England	0.8%

- Barnet
- Camden
- Enfield
- Haringey
- Islington

Source: Quality and Outcomes Framework 2019 data by GP practice. GP practices mapped to PCNs based on 2019 groupings. CF analysis, IMD
Notes: prevalence is a % of patients registered with specified condition at GP practices within PCN.

Key messages – Population needs

- Across the board, NCL has higher need in mental health services compared to London and England, particularly in SEMI

- Diagnosed prevalence of SEMI in NCL is high compared to London and England, with particularly high need in parts of Camden and Islington

- There is higher diagnosed prevalence of dementia in Barnet and **Enfield**

- Overall the black population have disproportionally high contact with acute mental health services, in particular for psychosis and rehabilitation and recovery services

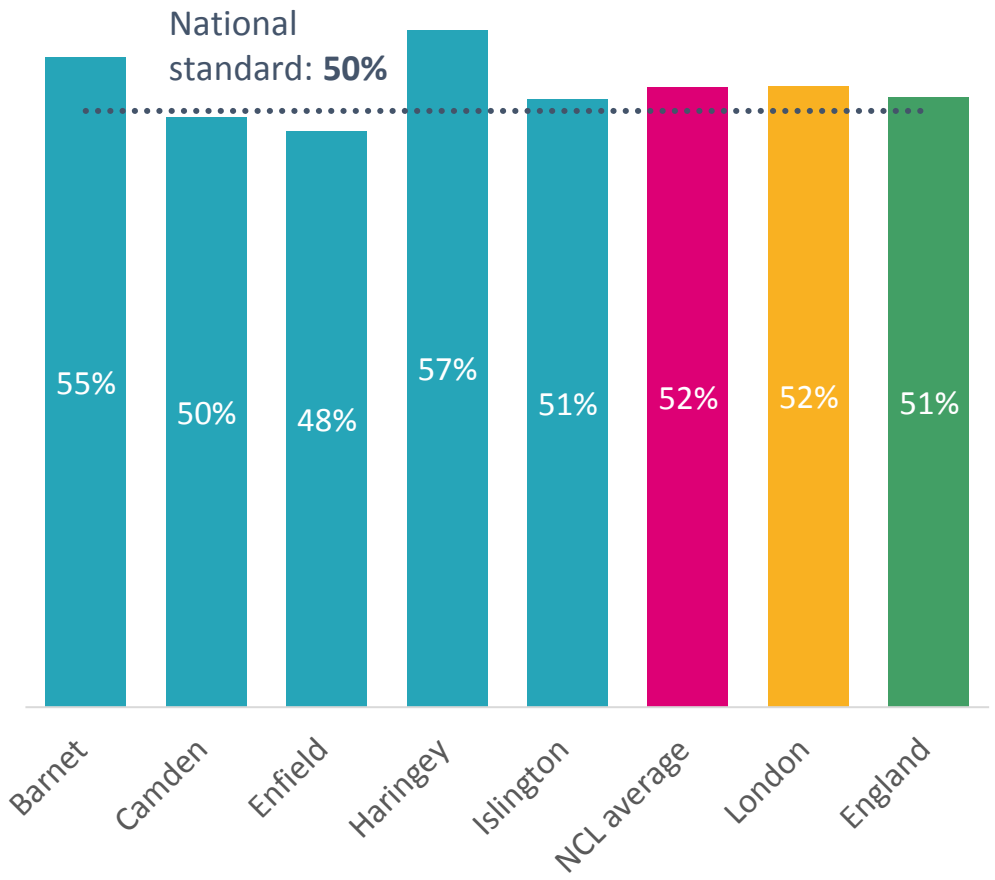
- National research shows that a contributing factor is late presentation, and in general black populations are less likely to access mental health support in primary care and so are more likely to require more intensive care. More culturally sensitive models of care may be needed
- **Key messages – Common mental health disorders**
- **Enfield** and Islington have higher estimated prevalence of common mental health illness. There are also more people from these boroughs presenting in A&E with depression and self-harm. **Enfield** and Islington spend less per head on IAPT services, potentially pointing to the need for more preventative support to help avoid reaching crisis

- However underdiagnosis is likely to be masking some of the needs in the population. There is likely to be a 'prevalence gap' between diagnosed conditions and actual numbers in the population. In Haringey in particular, the diagnosed population of depression is 8.3%, whereas the estimated prevalence of common mental health disorders is 22.3%

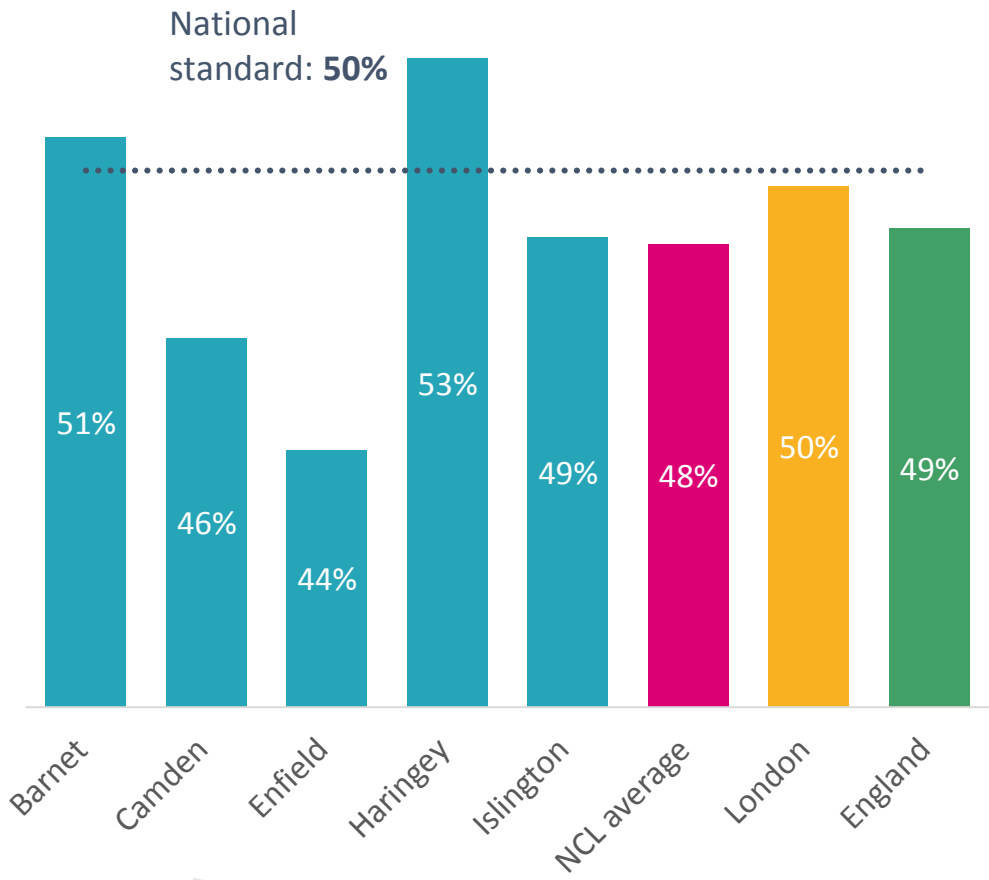
- Haringey overall has higher IAPT access rate, lower waiting time and higher recovery rates; however there is likely to be higher needs unmet in the undiagnosed population

NCL IAPT recovery rates are in line with London and meet national targets; however, recovery rates are poorer in Enfield and poorer for BAME group across NCL

IAPT recovery rate, % of people that attended at least 2 treatment contacts and are moving to recovery, 2019/20



IAPT recovery rate for BAME groups, % of BAME service users that attended at least 2 treatment contacts and are moving to recovery, 2019/20

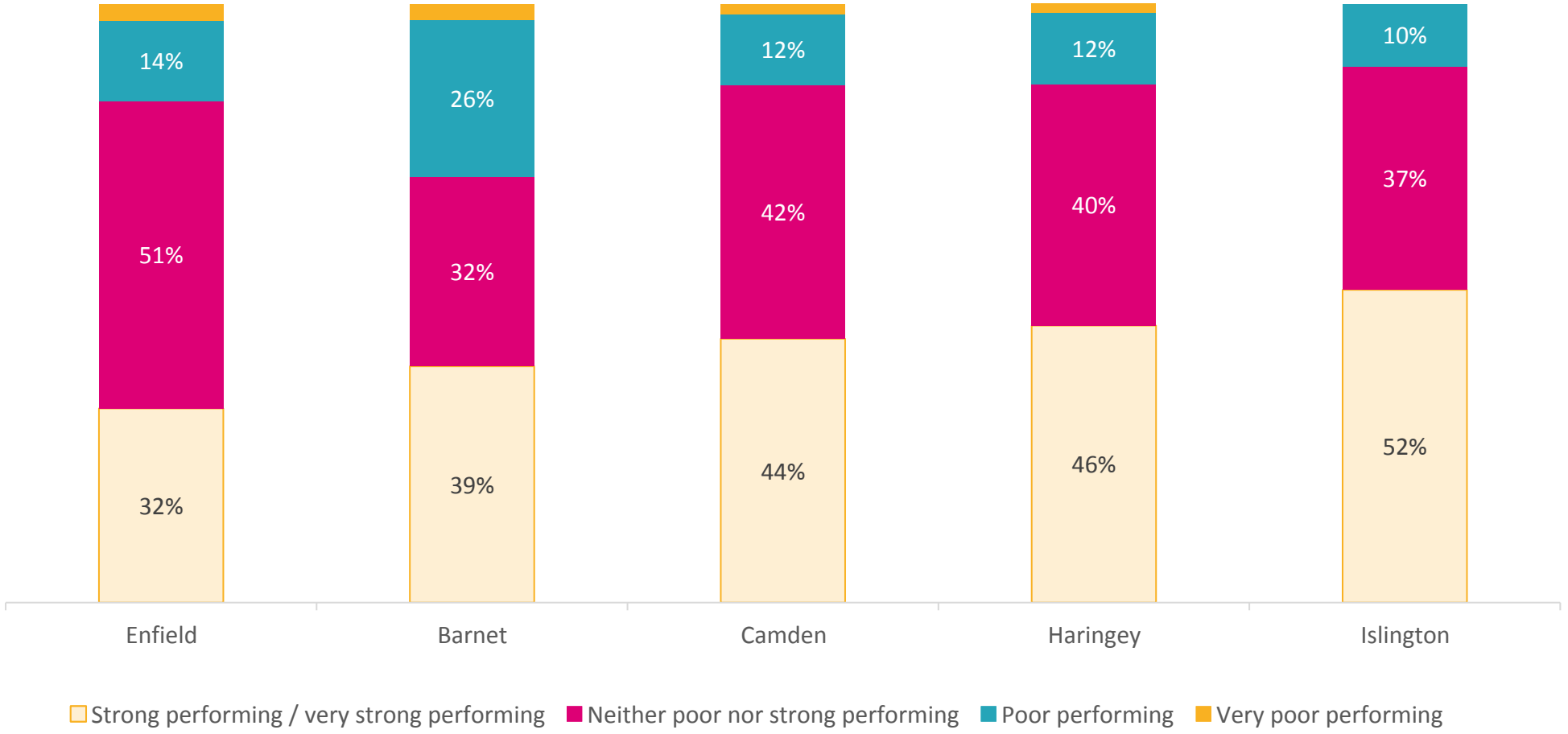


Research shows that nationally, BAME groups have lower recovery rates from IAPT services than their white counterparts. This holds true in NCL.

Source: NHS Mental Health Dashboard

Survey respondents felt that IAPT services in Enfield are not as strong performing compared to services in other boroughs

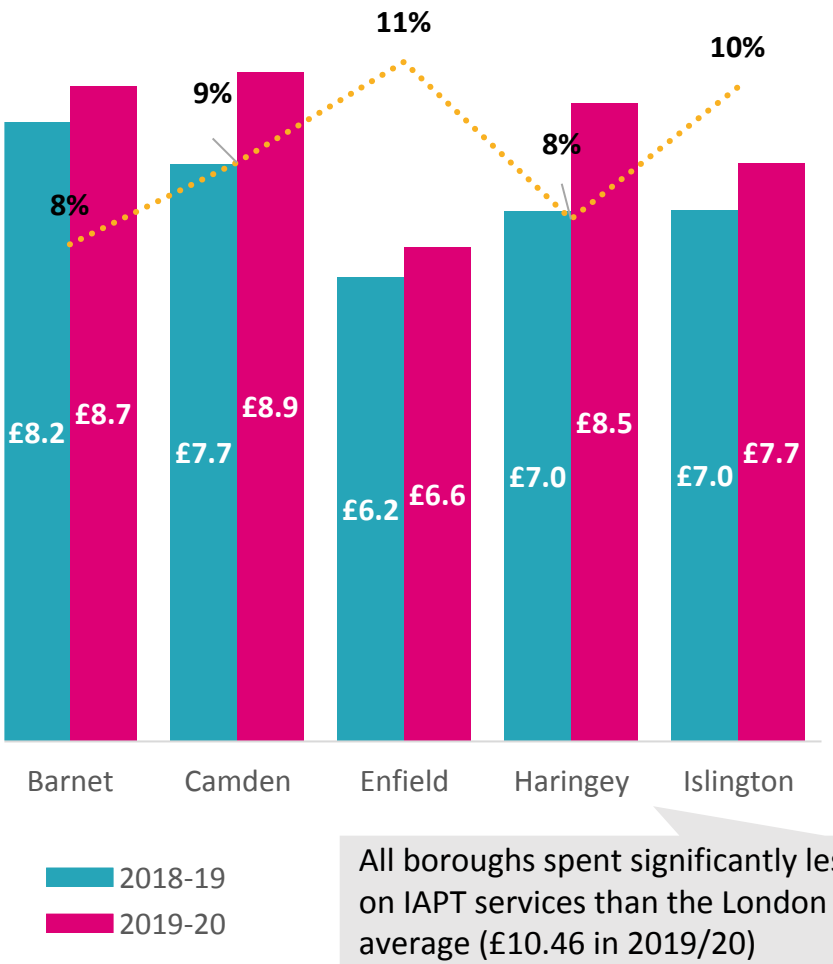
How well performing are IAPT services in your geography?, View of survey responses by borough, based on geography respondents work in



Source: NCL MH services strategic review survey, 2021

Enfield has the lowest level of IAPT mental health spend per head and spend is not aligned with need; Enfield also has less preventative services through third sector

Actual IAPT spend per mental health weighted capita, by borough, 2018/19 compared to 2019/20



All boroughs spent significantly less on IAPT services than the London average (£10.46 in 2019/20)

Sources: CCG finance documents, NHS Fingertips, CF Analysis

Mental health service	Barnet	Camden	Enfield	Haringey	Islington
IAPT	Mind in Barnet		Mind in Enfield		
Cultural advocacy / resilience network / Care Act Advocacy	POhWER Barnet multilingual wellbeing service	Mind in Camden, Rethink		Mind in Haringey, Bridge Renewal Trust, Tempo, POhWER	Islington Welfare Rights Service, Islington Borough User Group, POhWER
Deprivation of Liberty	*Multiple provider list*				
Peer Mentoring		Voiceability			Talk for Health
Social Prescribing		MIND (Social Prescribing+			
Mental Health Website		Mind in Camden			
Suicide Prevention		The Brandon Centre		Mind in Haringey, The Brandon Centre	The Brandon Centre
Same language counselling	Barnet multilingual wellbeing service			Nafsiyat Intercultural Therapy Centre	
Mental heath promotion and wellbeing service	Barnet refugee service				Manor Gardens Welfare Trust
Music / art therapy					Key Changes, Stuart Low Trust