

NCL Mental Health Strategic Review: Baseline Report

July 2021



Version history

| Version | Summary of amendments | Reviewed by |
|------------------------------------|--|---|
| First drafts | <ol style="list-style-type: none"> Updated executive summary (slides 3-5) Updated workforce analysis throughout to use provider workforce data submissions to NEL CSU (2021) and national benchmarking report data (2019/20) (slides 20, 31, 45, 51, 66) Updated deprivation analysis throughout (slides 13, 14, 49, 89, 90) Added finance slide (slide 21) Updated CYP analysis to include wider determinants analysis, waiting times and extend time period for inpatient admissions and length of stay analysis (slides 25, 27, 28, 29) Added notes regarding variation in models of care for CYP services based on feedback received (slide 26 and 35) Added slide to show variation in acceptances of referrals for SEMI patients (slide 53) Added slide to show co-morbidities for people with SEMI and physical health conditions (slide 58) Added note regarding differences of model of care in memory services (slide 66) Added slides to show estimated impact of Covid-19 on increasing prevalence of mental health conditions in adults and children and young people based on published research (slides 70 and 72) Added vision for mental health services based on themes from the stakeholder 1:1 interviews and outputs from the baseline workshop (slides 76-78) Added notes on inequalities based on recent analysis conducted by BEH (slides 18, 19, 54) Updated service mapping (appendix) based on feedback received | <p>NCL Mental Health Providers Meeting (19/05/2021)</p> <p>Mental Health Services review baseline workshop (24/05/2021)</p> <p>Mental Health Services Strategic Review Programme Board (21/07/2021)</p> |
| This version 28/07/2021 | Draft for approval | <p>Mental Health Services Strategic Review Programme Board virtual sign-off</p> |

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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**. The NCL Mental Health Services Strategic Review seeks to create a **sustainable and affordable model** across NCL that **addresses inequalities, spreads good practice** and **improves outcomes** for residents.

This review brings together **stakeholders from mental health services, primary care, acute care, social care and community health services** to develop the interfaces and collaborative working across pathways. A **review of community health services** is running in parallel, with integrated workstreams.

The review comprises of four elements: understanding the **current baseline**, co-development of an **outcomes framework**, co-development of a **'core offer' for mental 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 mental health services across NCL and concludes the first stage of the NCL Mental Health Services Strategic Review. The picture of mental health service provision in NCL is extremely complex and this report is not an exhaustive review of every mental 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 mental health services in the future. The content of this report focuses on NHS commissioned mental health services, although recognising crucial interdependencies with primary care, acute care, community health services and social care services. The analysis reflects the status of the mental 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 mental health services** reflecting that 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 mental health services.
 - 10.8% of the Enfield has a diagnosis of depression compared with 7.9% in Barnet and 8.2% London wide
 - NCL STP has the highest prevalence of SEMI of STPs in England. Prevalence is particularly high in Camden and Islington where there are also high rates of A&E attendance for symptoms of psychosis
2. Analysis of finance and activity show that **service provision and investment do not correspond to the level of need**:
 - Under 5s wait on average 10 months for autism diagnosis; over 5s wait more than a year, rising to 2 years in Enfield.
 - In Haringey CYP have higher mental health needs relative to other boroughs, with highest number of CYP presenting at A&E with mental health needs, but the spend per head is lower than NCL average
 - Enfield and Islington have higher diagnosed rates of depression but spend less per head on IAPT services, potentially contributing to more presentations in A&E due to depression and self-harm
3. There appears to be **a large focus on crisis response** rather than early intervention and there is recognition that further investments are needed for more preventative offers
 - There are over 3 times as many staff in NCL in Crisis Response teams compared to Early Intervention in Psychosis teams
 - Rejected referrals to community mental health teams are most likely to be referred onwards to crisis teams
4. There are **significant health inequalities** including significant disparity by ethnicity.
 - The black population are higher users of acute mental health services, with 27% of admitted patients being black, compared to representing 11% of the NCL population
 - C. half of patients admitted are unknown to services; this is particularly high among black population groups
 - Rates of diagnosis of dementia vary significantly between boroughs, with 67% of the estimated population with dementia having a diagnosis in Haringey compared to 88% in Enfield

Executive summary (3/3)

Vision for mental 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**, a **shift to prevention and early intervention**, improved **outcomes**, improved **ways of working together** and a **sustainable targets from national service model**.

An objective of the review is the provision of mental 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 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 Mental Health Services Strategic Review to design a **new 'core offer'** for mental 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 mental 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**.

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Background and context for the NCL Mental Health Strategic Review

- 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 review presents an opportunity to work together to address inequalities, spread good practice and continue improving outcomes for NCL residents.
- This current review needs to enable us to:
 - Consider opportunities in light of the Long-Term Plan for Mental Health and new models of care
 - Gain a robust and shared understanding of current Mental Health Services (demand, spend, outcomes and variation)
 - Understand how population health needs have changed in relation to mental health and whether existing service models are effective; including interdependent service offers
 - Agree a core offer for mental health, describing 'what good looks' from a patient and clinical perspective
- A review of community health services is being run in parallel to this work, with integrated workstreams in place between the two reviews.
- We are at the start of an iterative process and seek to encourage conversations and thinking.
- It is really important that this review is not done in isolation from what is happening in primary care, acute care, community health and social care – the interfaces and collaborative working across pathways are key.

In scope:

- NHS funded Mental Health Services (including Perinatal, Children and Young People, Adults and Older Adults and People with a Learning Disability) delivered outside hospital not as part of an acute spell) delivered by:
 - NHS Mental Health Providers
 - NHS Acute Providers
 - Private / other Providers (e.g. VCS)

Out of scope:

- Continuing Health Care
- NHS Acute Services
- Statutory Homelessness Services
- Specialist mental health services for both adults as well as children and young people
- Local Authority Commissioned Services with the NHS (except where joint funded)
- Learning Disability Services (Transforming Care cohort of people)

Although these services are out of scope, it is important that the review recognises the overlap and integration between mental and community health, primary care and social care provision. A number of residents have complex co-morbidities that include physical, mental health and other needs, such as substance misuse.

The baseline report brings together qualitative and quantitative analysis from three sources to develop the case for change

1:1 and group interviews

The case for change, future desired outcomes and opportunities have been explored with key stakeholders from across mental health and acute providers, primary care, local authorities and the CCG

| Organisation | Interviewees |
|---------------------------|--------------------------|
| Mental health provider | 13 |
| Local authority | 21 in 5 group interviews |
| Acute provider | 7 |
| Commissioner | 3 |
| Other | 1 |
| Total interviewees | 45 |

Survey

An online survey of wider stakeholders has explored perceptions of current service provision, outcomes and the case for change.

| Organisation | Responses |
|--------------------------|------------|
| Mental Health | 99 |
| Primary care | 16 |
| Community provider | 11 |
| Local authority | 27 |
| Acute provider | 39 |
| Commissioner | 14 |
| Other | 15 |
| Total respondents | 221 |

Data analysis

Analysis of local and national data has been conducted focusing on:

- Understanding population demographics and health needs
- Levels of mental health activity and capacity, including mapping of available service provision
- Variation in financial investment
- Levels of acute activity

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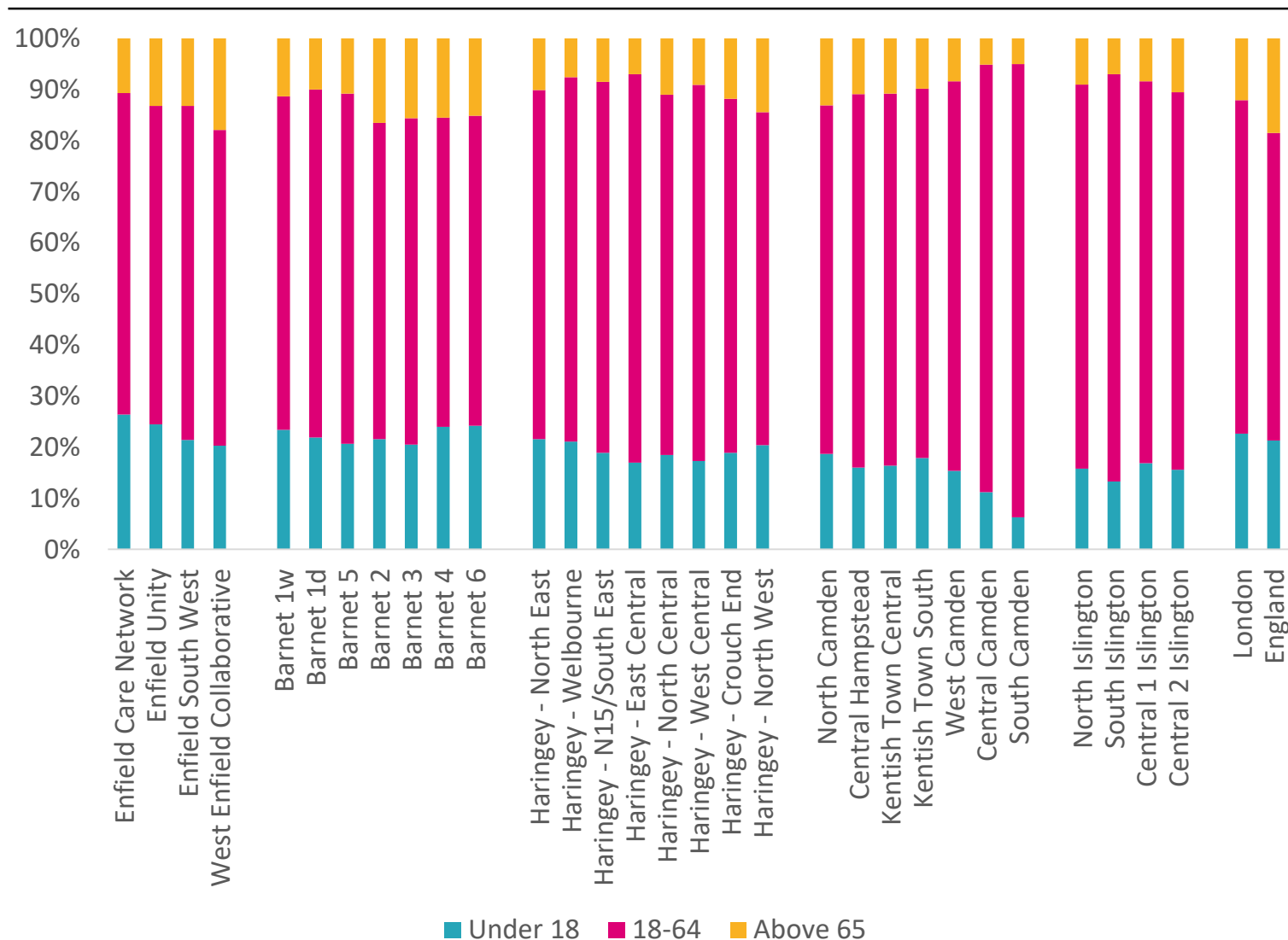
Population needs

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

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



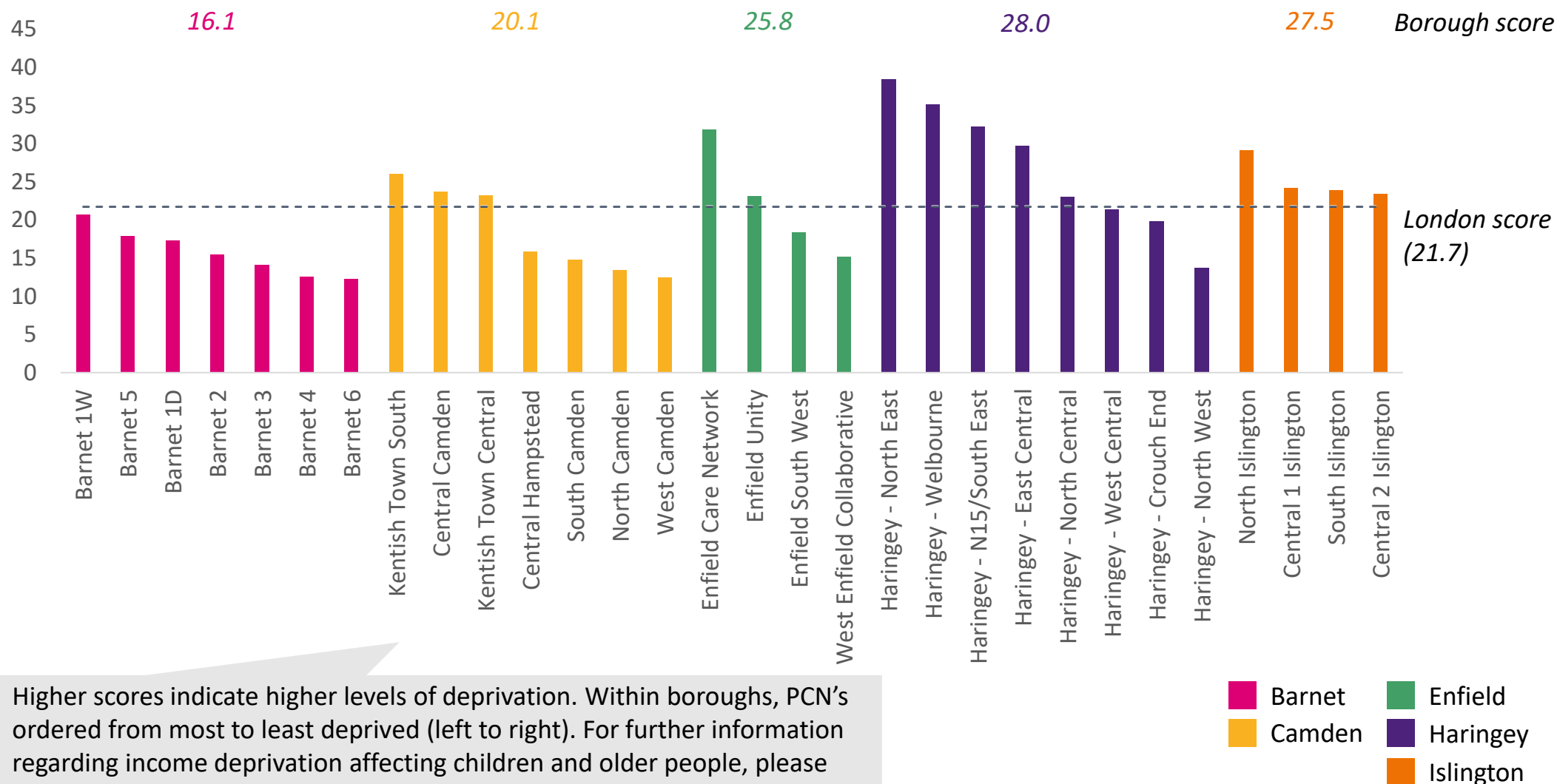
| Area | <18 | 18-64 | 65+ |
|-----------|-----|-------|-----|
| Barnet | 22% | 64% | 14% |
| Camden | 15% | 76% | 9% |
| Enfield | 23% | 63% | 14% |
| Haringey | 19% | 71% | 10% |
| Islington | 15% | 76% | 9% |
| NCL total | 19% | 70% | 11% |
| London | 23% | 65% | 12% |
| England | 21% | 60% | 19%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

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

Source: PHE Fingertips, CF analysis

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

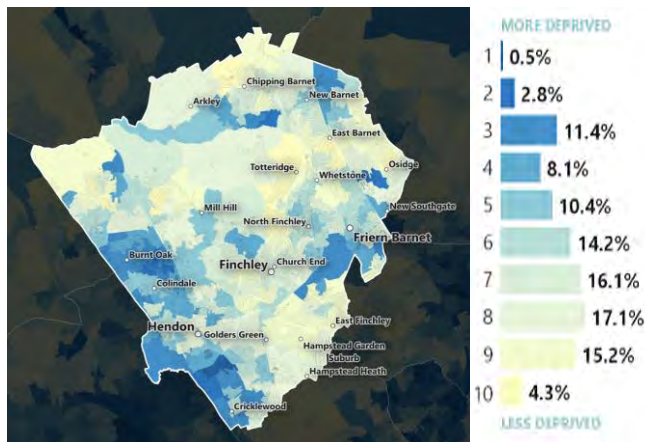
Weighted deprivation score of NCL PCNs, 2019



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

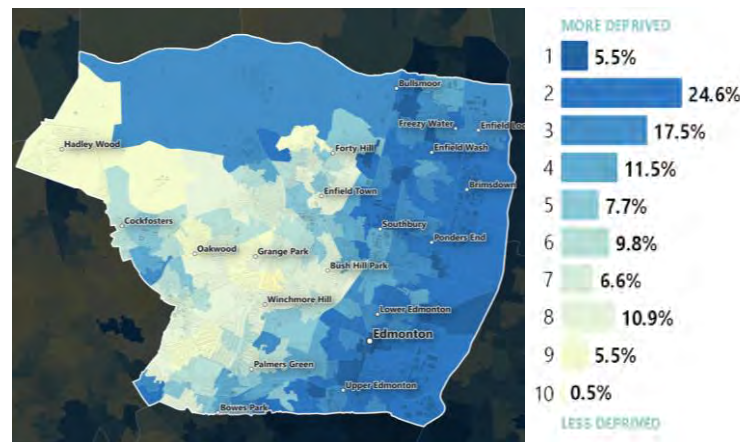
At LSOA level, we see a more detailed picture of variation within boroughs; Enfield and Haringey have the highest % of LSOAs in the 2 most deprived deciles (30% and 33%)

Barnet



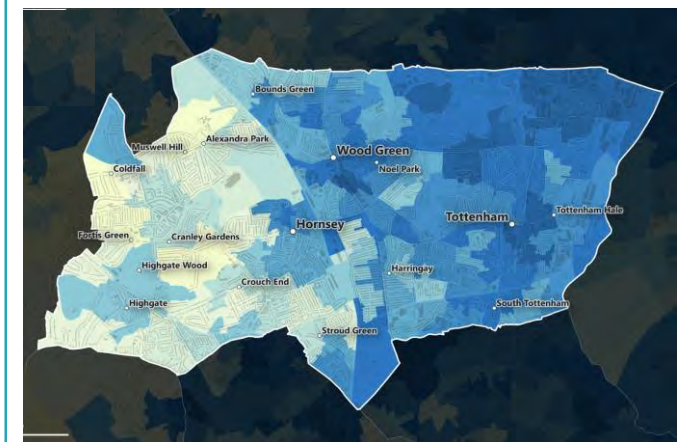
41,943 people living in 3 most deprived deciles

Enfield



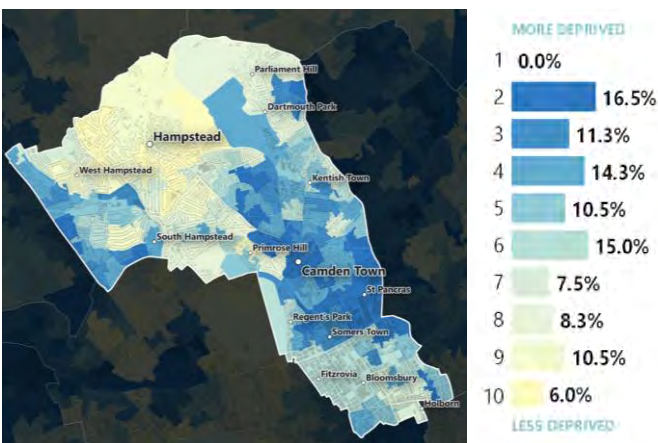
181,221 people living in 3 most deprived deciles

Haringey



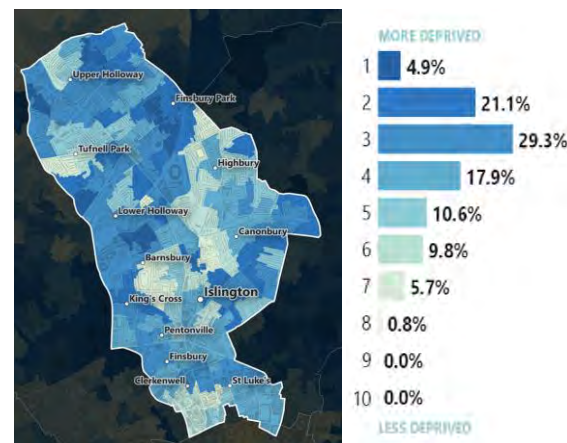
131,850 people living in 3 most deprived deciles

Camden



64,898 people living in 3 most deprived deciles

Islington



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>

NCL has high mental health needs, particularly for severe mental health illnesses





| Population segment | | Diagnosed population in NCL in 2019/20 | Diagnosed prevalence in NCL in 2019/20 | Spend and activity | Diagnosed prevalence in London and England in 2019/20 |
|---|--|--|--|---|---|
|  | <i>Number of C&YP in contact with MH services*</i> | 10,188 | 3.1% | <ul style="list-style-type: none"> Average estimated spend per diagnosed population* £3,398 Average contacts* per head 1 | London: 1.6% England: 2.0% |
|  | <i>Depression</i> | 124,829 | 9.2% | <ul style="list-style-type: none"> Average estimated spend per diagnosed population** £260 Average contacts** per head 1 | London: 8.2% England: 11.6% |
|  | <i>Severe mental illness</i> | 21,181 | 1.3% | <ul style="list-style-type: none"> Average estimated spend per diagnosed population £5,100 Average contacts per head 12 | London: 1.1% England: 1.0% |
|  | <i>Dementia</i> | 9,725 | 0.6% | <ul style="list-style-type: none"> Average estimated spend per diagnosed population £780 Average contacts per head Average contacts per head 2 | London: 0.5% England: 0.8% |

*Please note these numbers are based on average number of CYP in contact with MH services in 2019/20. Caveat to average contact figures that not all contacts are recorded.

**Spend and contacts here refers to activity and spend clustered for common mental health disorders

Source: Provider data from BEH and C&I, QOF, PHE Fingertips, CF analysis. NOTE: % prevalence for CYP is of <18 population, % prevalence depression is over 18 GP registered population, % prevalence for SEMI and Dementia is of total GP registered population

Enfield has the highest rates of diagnosed depression and dementia; Camden and Islington have high diagnosed rates of SEMI and C&YP using mental health services

| Diagnosed population and prevalence by borough, 2019-20 | | | | | | |
|---|----------------------|-----------------------|------------------------|-----------------------|-----------------------|--------------------------------|
| Population segment | Barnet | Camden | Enfield | Haringey | Islington | London & England |
|  <i>Number of C&YP in contact with MH services*</i> | 2708 2.9% | 1600 3.1% | 2252 2.7% | 1942 3.2% | 1687 4.0% | London: 1.6% England: 2.0% |
|  <i>Depression</i> | 26,679 7.9% | 24,028 9.2% | 28,825 10.8% | 21,772 8.3% | 23525 10.4% | London: 8.2% England: 11.6% |
|  <i>Severe mental illness</i> | 4292 0.99% | 4202 1.38% | 4692 1.34% | 4230 1.31% | 3765 1.41% | London: 1.1% England: 1.0% |
|  <i>Dementia</i> | 3076 0.71% | 1500 0.49% | 2511 0.72% | 1373 0.42% | 1265 0.47% | London: 0.5% England: 0.8% |

*Please note these numbers are based on average number of CYP in contact with MH services in 2019/20, CYP percentage is of under 18 population
Source: Provider data from BEH and C&I, QOF, PHE Fingertips, CF analysis. NOTE: % prevalence for CYP is of <18 population, % prevalence depression is over 18 GP registered population, % prevalence for SEMI and Dementia is of total GP registered population

Higher compared to London

At a PCN level, parts of Camden and Haringey have particularly high diagnosed prevalence of SEMI

| | | Diagnosed prevalence dementia (2019-20) | | Diagnosed prevalence SEMI (2019-20) | | Diagnosed prevalence adult depression (2019-20) | |
|-----------|--------------------------------|--|-----------------|--|-----------------|--|-----------------|
| | | Registered | % GP population | Registered | % GP population | Registered | % GP population |
| Barnet | Barnet 1w PCN | 129 | 0.4% | 321 | 0.9% | 2127 | 7.7% |
| | Barnet 1d PCN | 386 | 0.7% | 562 | 0.9% | 3263 | 7.0% |
| | Barnet 5 PCN | 308 | 0.5% | 573 | 1.0% | 3528 | 7.4% |
| | Barnet 2 PCN | 450 | 0.7% | 582 | 1.0% | 4448 | 9.4% |
| | Barnet 3 PCN | 1016 | 0.8% | 1324 | 1.1% | 7687 | 8.0% |
| | Barnet 4 PCN | 342 | 0.7% | 387 | 0.8% | 2688 | 7.5% |
| | Barnet 6 PCN | 445 | 0.9% | 543 | 1.1% | 2938 | 7.7% |
| Camden | Kentish Town South PCN | 151 | 0.5% | 601 | 2.1% | 2603 | 10.9% |
| | Central Camden PCN | 160 | 0.2% | 701 | 1.1% | 4537 | 7.7% |
| | Kentish Town Central PCN | 176 | 0.5% | 550 | 1.7% | 3244 | 12.0% |
| | South Camden PCN | 81 | 0.2% | 391 | 1.1% | 2557 | 7.5% |
| | West Camden PCN | 148 | 0.3% | 654 | 1.4% | 4075 | 10.2% |
| | Central Hampstead PCN | 255 | 0.6% | 567 | 1.4% | 3033 | 9.0% |
| | North Camden PCN | 529 | 1.0% | 738 | 1.4% | 3979 | 9.2% |
| Enfield | Enfield Care Network PCN | 411 | 0.4% | 1143 | 1.1% | 6451 | 8.4% |
| | Enfield Unity PCN | 1449 | 0.9% | 2589 | 1.6% | 16126 | 13.4% |
| | Enfield South West PCN | 336 | 0.7% | 582 | 1.2% | 3057 | 8.2% |
| | West Enfield Collaborative PCN | 315 | 0.8% | 378 | 0.9% | 3191 | 10.0% |
| Haringey | Haringey - North East PCN | 302 | 0.6% | 814 | 1.5% | 3473 | 8.4% |
| | Haringey - Welbourne PCN | 181 | 0.4% | 726 | 1.4% | 3672 | 9.2% |
| | Haringey - N15/South East PCN | 158 | 0.4% | 545 | 1.4% | 2679 | 8.3% |
| | Haringey - East Central PCN | 108 | 0.3% | 581 | 1.6% | 2557 | 8.2% |
| | Haringey - North Central PCN | 139 | 0.4% | 393 | 1.0% | 1841 | 5.9% |
| | Haringey - West Central PCN | 87 | 0.3% | 329 | 1.2% | 1739 | 7.8% |
| | Haringey - Crouch End PCN | 162 | 0.5% | 472 | 1.3% | 3111 | 10.8% |
| | Haringey - North West PCN | 236 | 0.6% | 370 | 0.9% | 2700 | 8.1% |
| Islington | North Islington PCN | 532 | 0.5% | 1631 | 1.6% | 8904 | 10.4% |
| | South Islington PCN | 256 | 0.4% | 834 | 1.2% | 5982 | 10.0% |
| | Central 1 Islington PCN | 237 | 0.4% | 761 | 1.4% | 5333 | 11.8% |
| | Central 2 Islington PCN | 240 | 0.6% | 539 | 1.3% | 3306 | 9.3% |
| London | | | 0.5% | | 1.1% | | 8.3% |
| England | | | 0.8% | | 1.0% | | 11.6% |

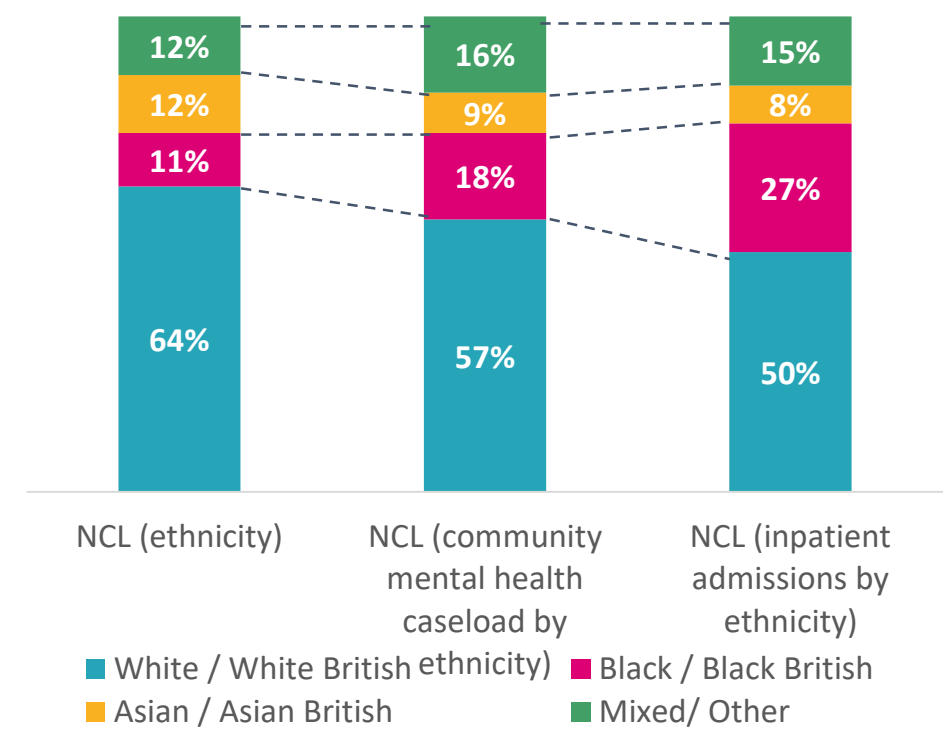
Key Prevalence higher than London

Note: Note that analysis contained within this document reflects current configuration of PCN's at time of development.

Source: NHS Quality and Outcomes Framework

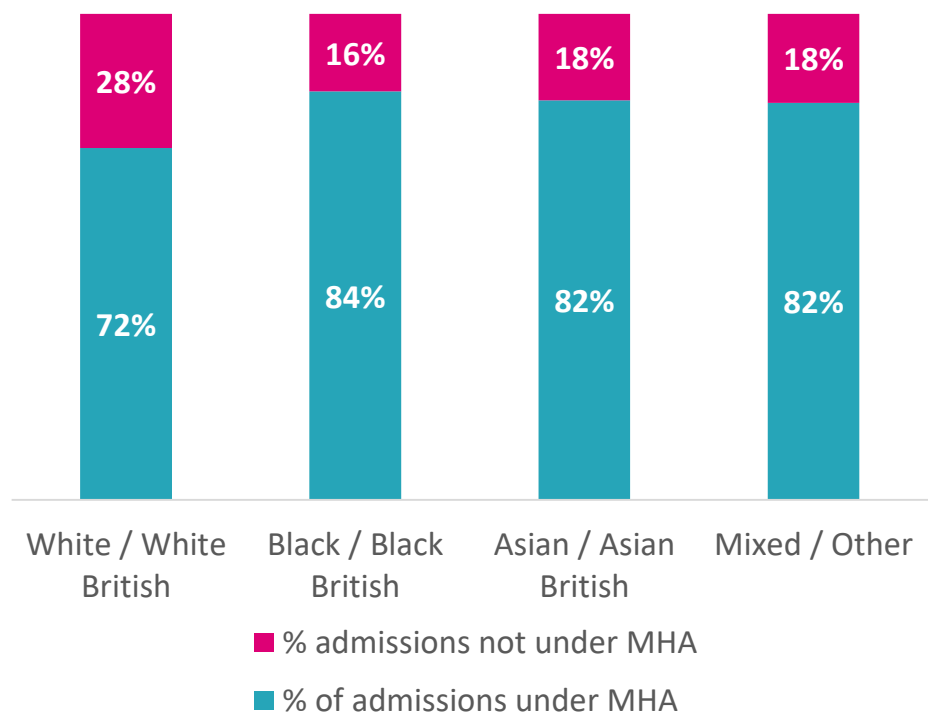
Black people are disproportionately admitted to mental health beds; BAME populations are more likely to be detained under the mental health act

Proportion of NCL population by ethnicity, 2018 compared to % of patients on community mental health services caseload by ethnicity and inpatient admissions* by ethnicity, 2019/20



Note: number of people on caseload and number of admissions where ethnicity is unknown in the data are apportioned between the other ethnic groups
*There may be multiple admissions for the same patient
Source: National Benchmarking report data provided by C&I and BEH Trusts, ONS ethnicity data by borough

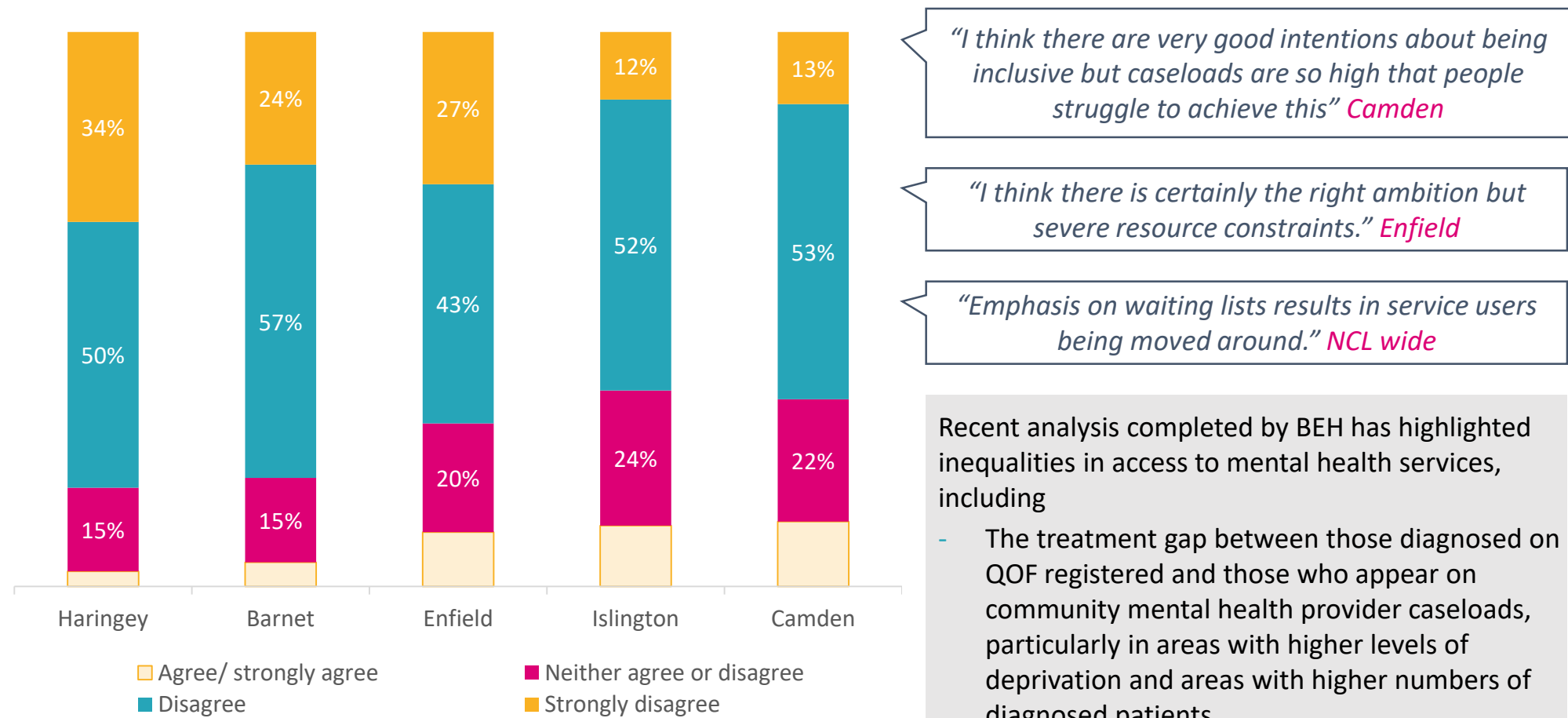
Proportion of patients admitted who are admitted under the Mental Health Act, 2019/20



Some recent analysis completed by BEH showed that nearly half of all adult acute/assessment admissions were not under the care of any community mental health service at the point of admission. The highest cumulative incidence of previously unknown admissions was amongst black men and women.

Across NCL, over 60% of survey respondents thought that access to mental health services was not equal for all people

“We have equality of access for all people”, view of answers by borough, based on geography respondents primarily work in



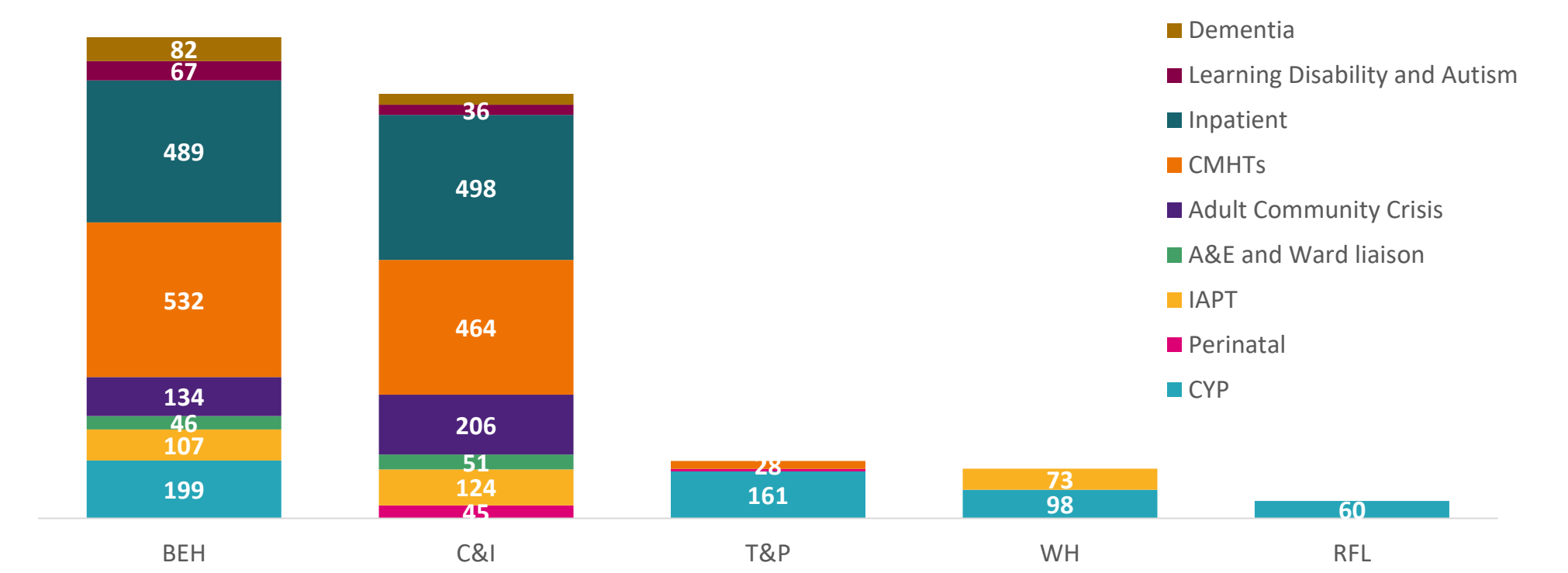
Source: NCL Mental Health Strategic Review survey, 2021

Recent analysis completed by BEH has highlighted inequalities in access to mental health services, including

- The treatment gap between those diagnosed on QOF registered and those who appear on community mental health provider caseloads, particularly in areas with higher levels of deprivation and areas with higher numbers of diagnosed patients.
- Police referrals are concentrated among certain postcodes and among black population groups.

There are 6 NHS providers of mental health services across NCL; BEH and C&I are the largest providers

Budgeted establishment FTE in mental health services, total FTE by service type and by provider, NCL, 2021

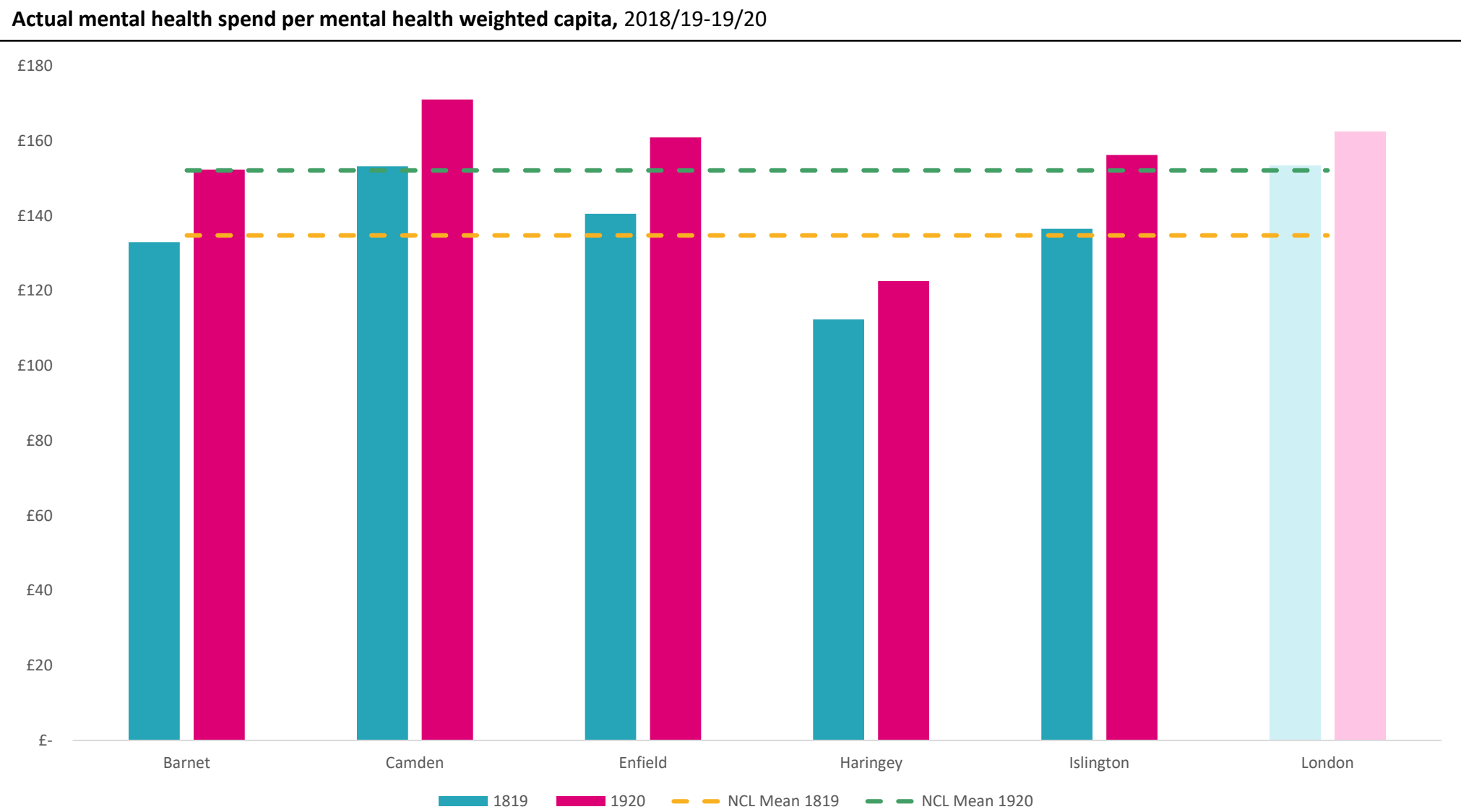


Notes:

- BEH: All staff employed by the Trust are included, including some very small block contracts with Brent, Harrow, City & Hackney and Waltham Forest CCGs. These services provided are wrapped into overall workforce numbers and not possible to disaggregate. Section 75 Pool funded staff directly employed by BEH are included. Specialist services commissioned in partnership with BTP or Metropolitan Police, inpatient Forensic services, prison services, CCG funded eating disorders services, CAMHS Tier 4, substance misuse services are excluded.
- C&I: Junior doctors and IAPT trainees commissioned by HEE are included, but TCPs are not included. Section 75 Pool funded staff directly employed by C&I are included. Tile House and Lime Tree gardens staff included. Veteran services NHSE commissioned and included. Substance misuse services are excluded.
- T&P: Workforce has been apportioned to NCL based on finances.

Source: NCL provider workforce data returns, NEL CSU, CF analysis

Camden and Enfield have the highest spend per weighted capita on mental health services



Source: CCG finance documents, CF Analysis

CAMHS

Key messages – CAMHS

- Camden, Haringey and Islington all have high C&YP mental health needs based on estimated prevalence of mental health conditions. Higher numbers of children in these boroughs have poorer life circumstances which is likely to contribute to their mental health needs.
- Islington has the highest rate of admissions to CAMHS Tier 4 beds and children tend to stay for an extremely long time (av. 142 days in Islington).
- However Camden and Islington also have a higher proportion of children and young people using mental health services, which may contribute to a lower proportion of children and young people attending A&E for mental health reasons (e.g. self harm).
- Enfield and Haringey have higher A&E attendances due to MH needs e.g. self harm, indicating that there is a potential lack of preventative and proactive care for CYP to support their needs. These high needs CYP are likely to present as high needs adults in mental health services.
- Enfield and Haringey also have lower reach to CYP for mental health services, which could be contributing to higher presentations in A&E.
- Despite higher levels of needs, Haringey spend less than the NCL average per head (under 18s) on mental health, highlighting the mismatch of demand and provision. Camden and Islington spend significantly more per head (under 18s) compared to the other boroughs
- Survey results highlight that Haringey professionals report poorer support for CYP mental health needs. Only 6% of respondents felt that CYP in Haringey had appropriate support for transitioning to adults services.

Haringey has the highest MH needs for Children and Young people overall, as well as high presentation in A&E for mental health reasons

Lower % children living in poverty

Higher % children living in poverty

| Borough | Estimated % of 5-17 yr olds with a Mental Health condition (2017 survey) | % secondary school pupils with social, emotional and mental health needs (2020) | Depression A&E attendances (by 10,000 <18 population, 2019-20) | Self-harm A&E attendances (by 10,000 <18 population, 2019-20) | % of CYP in contact with MH services (as % of <18 population) | Admissions to CAMHS Tier 4 wards (Q3, per 10,000 <18s, 2019/20) | Spend per head for under 18s (2019-20) |
|-----------|--|---|--|---|---|--|--|
| Barnet | 11.3% | 2.6% | 6.5 | 3.1 | 2.9% | 1.1 | £75 |
| Enfield | 10.8% | 2.75% | 9.6 | 9.3 | 2.7% | 0.7 | £80 |
| Camden | 13.5% | 3.15% | 4.7 | 3.9 | 3.1% | 1.4 | £147 |
| Haringey | 12.3% | 4.23% | 14.6 | 9.6 | 3.2% | 1.2 | £90 |
| Islington | 11.9% | 3.33% | 5.4 | 5.0 | 4.0% | 1.7 | £208 |

| Key | Higher needs/ spend | Lower needs/ spend |
|-----|------------------------|-----------------------|
| | | |

A&E attendances where chief complaint (main reason for attending) was 'feeling depressed' or 'self-harm / self-injurious behaviour'

Sources: NHS Fingertips, HES, NHS Digital, NHS Mental Health Dashboard, CF analysis

Children in NCL have poorer life circumstances compared to London, meaning they are more likely to have mental health needs; COVID-19 has exacerbated the situation

| Borough | Children in care (per 10,000 under 18, 2020) | % looked after children whose emotional wellbeing is a cause for concern (2018/19) | Children in need due to family stress, dysfunction or absent parenting (per 10,000 under 18, 2017) |
|---------------|--|---|---|
| Barnet | 34 | 23.6% | 85.9 |
| Camden | 37 | 26.3% | 111.8 |
| Enfield | 45 | 22.9% | 74.0 |
| Haringey | 71 | 40.3% | 81.5 |
| Islington | 74 | 37.6% | 147.5 |
| London | 49 | 31.8% | 97.9 |

Socioeconomically disadvantaged children and adolescents are 2-3 times more likely to develop mental health problems and low socioeconomic status that persists over time is strongly related to higher rates of mental health problems (*literature review, published in Social Science and Medicine, 2013*)

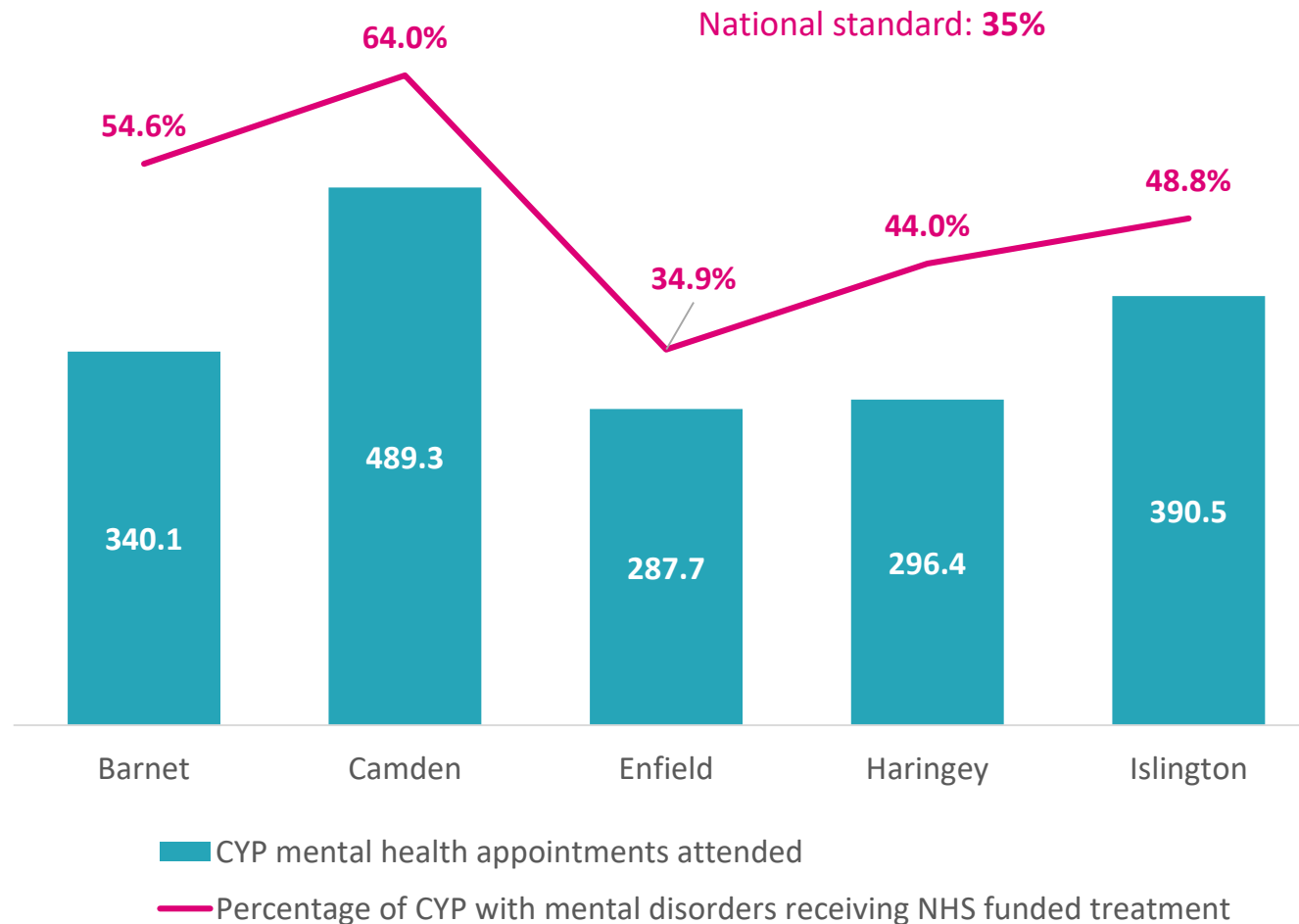
During the first wave of the COVID-19 pandemic, The Child Safeguarding Practice Review Panel received 285 serious incident notifications from April to September. That represents an increase of 27% (compared to the same period in 2018-19). These children were often hidden from view of social workers and teachers, indicating that there will be a backlog of need for Mental Health services as we exit the pandemic.

Sources: NHS Fingertips, NHS Digital, Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. Soc Sci Med, 2013, Serious incident notifications (<https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications>)

Enfield and Haringey have lower reach to C&YP for mental health services compared to the rest of NCL

Number of mental health appointments attended 2019-20, per 1000 under 18s.

Estimated percentage of CYP with mental disorders receiving NHS funded treatment, 2019-20



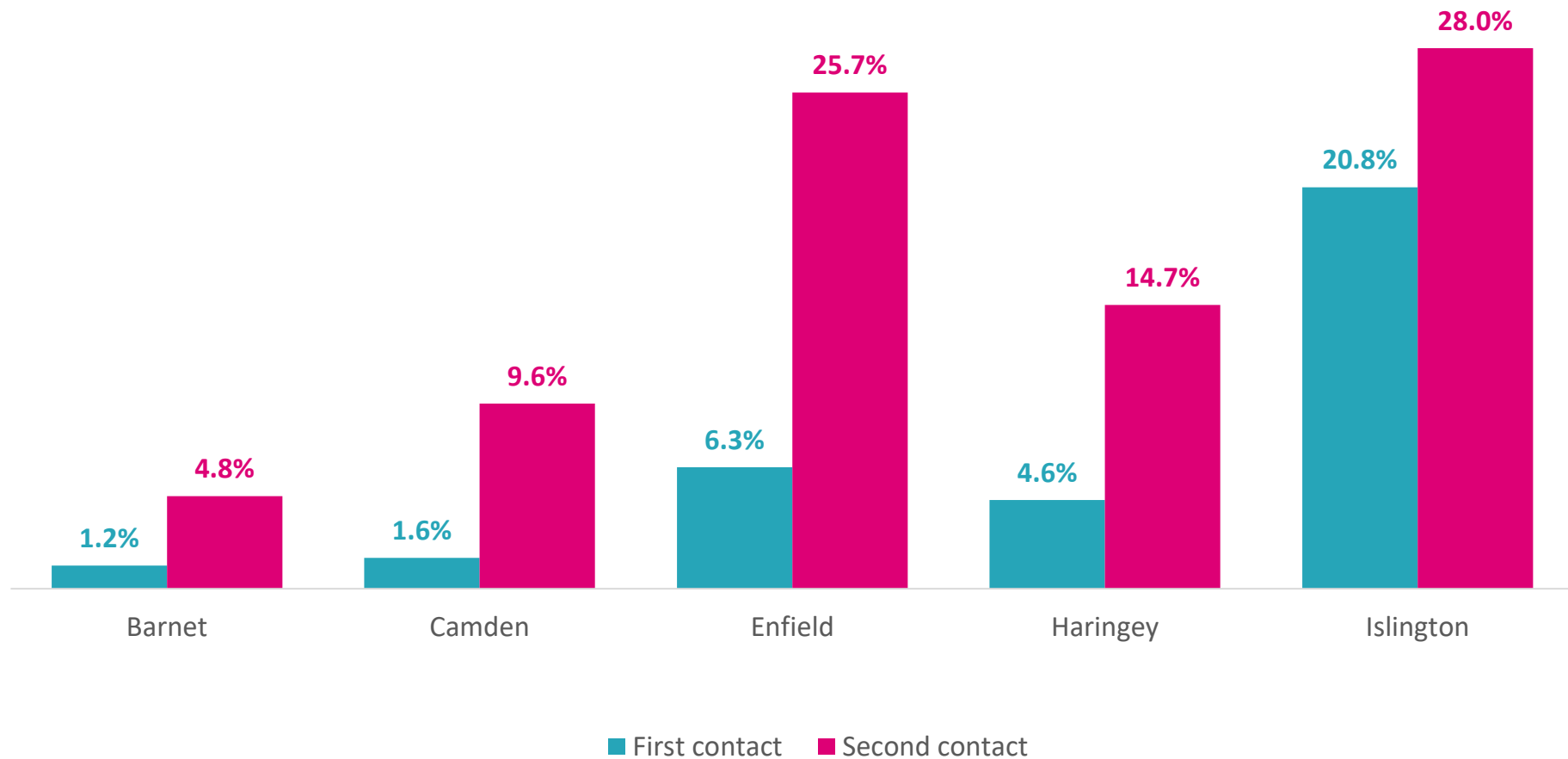
Islington & Camden have larger prevention and earlier intervention services than the other boroughs (e.g. schools provision, Kooth engagement and Helios)

Source: NHS MH Dashboard, NCL Mental Health Report Quality and Data Packs (2019-21)

Note: the estimated % of CYP with mental disorders receiving NHS funded treatment, takes into account MHMDS data and local data

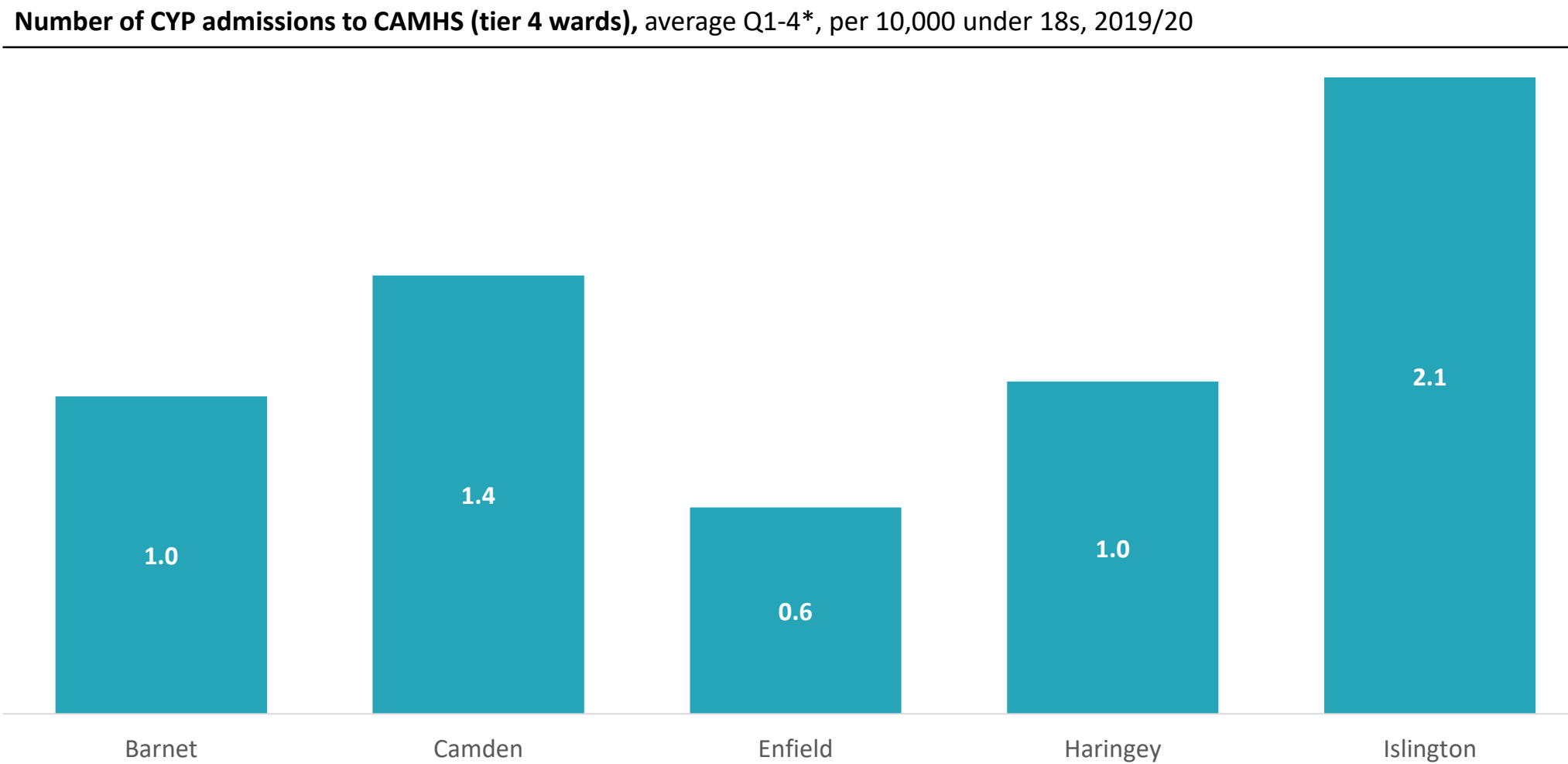
Enfield and Islington had the highest percentage of CYP waiting over 18 weeks from referral to first and second contact in 2019-20

Percentage of CYP waiting over 18 weeks from referral to first contact and second contact, under 18s, 2019/20



Source: NCL Attain Demand and Capacity modelling

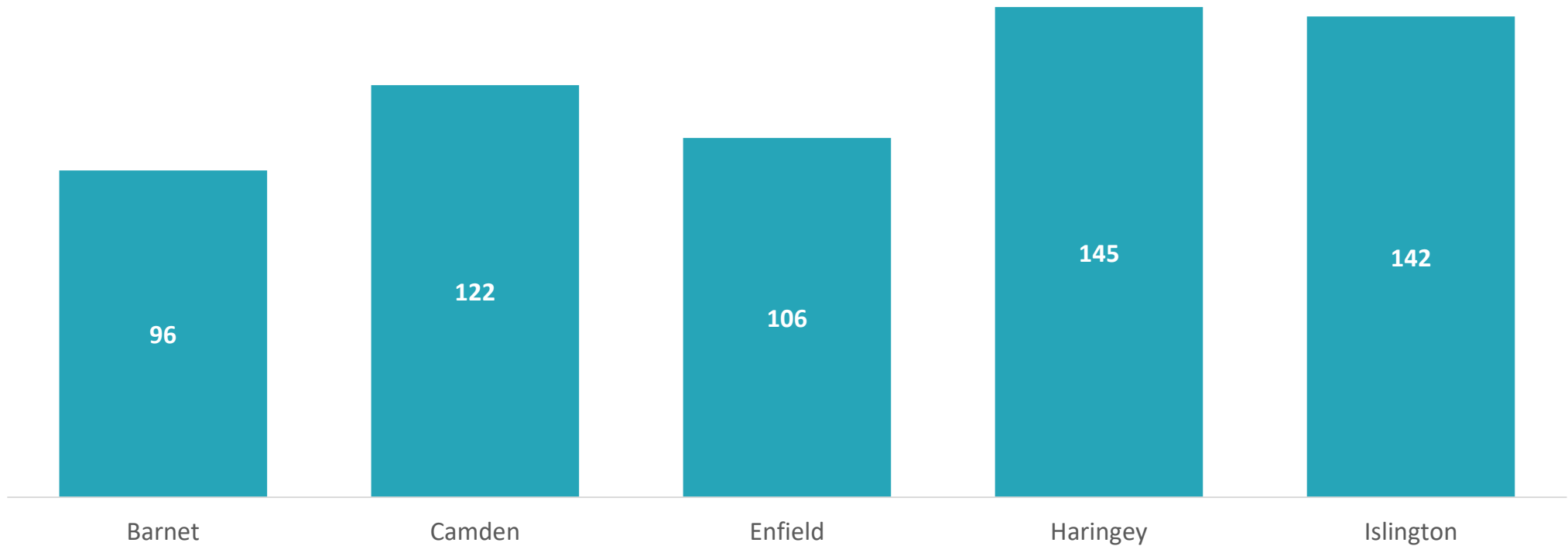
Islington, has the highest rate of admissions to CAMHS inpatients tier 4 wards



*Note: data is from the Mental Health NHS national dashboard. An average of reported data from Q1-Q4 2019/20 has been used. Data points are missing from the dashboard for Enfield Q1 and Q4, Camden Q2 and Haringey Q4
Source: NHS Mental Health National Dashboard, 2019-20

There is significant variation in LOS on CAMHS inpatient wards with those in Haringey and Islington tending to stay the longest

CYP average length of stay in CAMHS (tier 4 wards), average LOS in days in Q1-4*, 2019-20

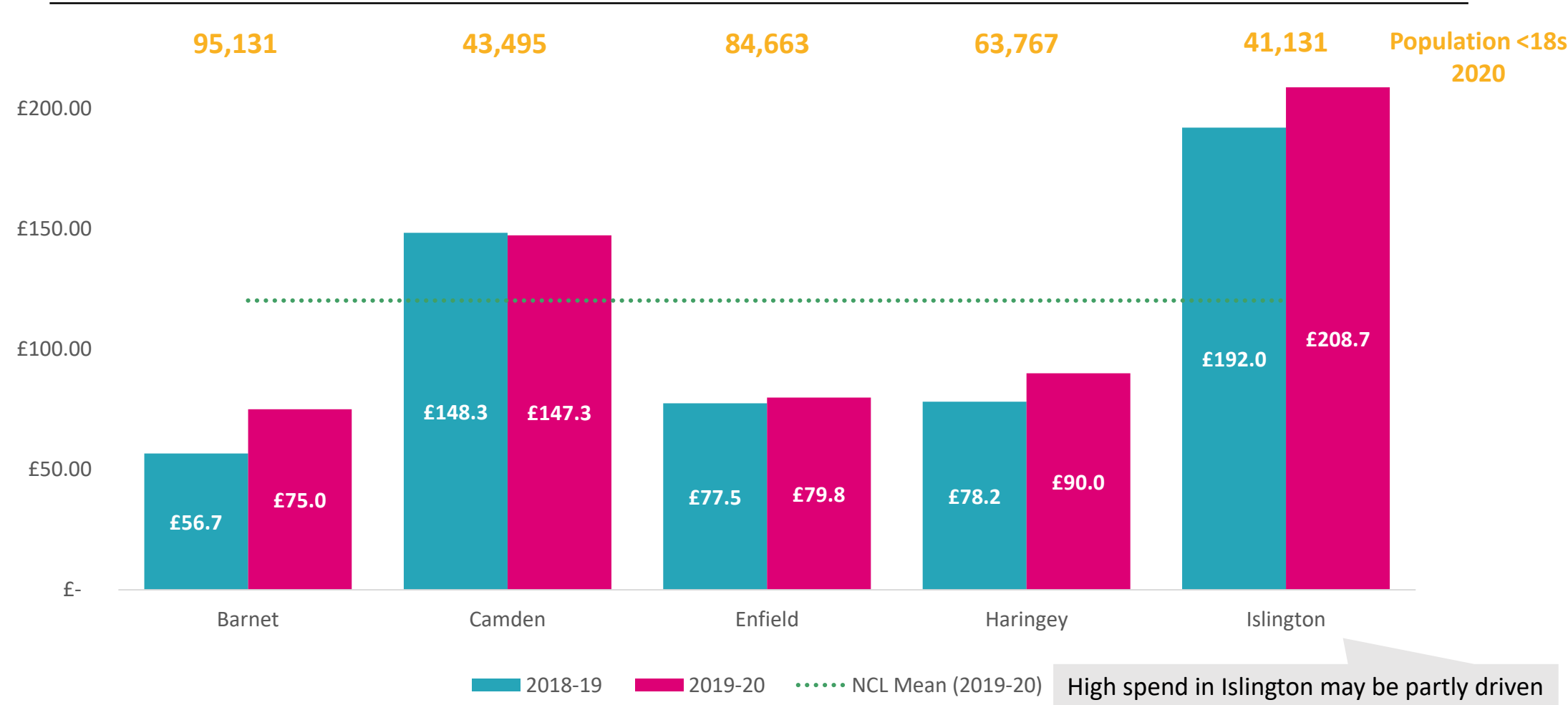


Source: NHS Mental Health National Dashboard, 2019-20

Notes: average LOS = average number of bed days / average number of admissions (during Q1-Q4 2019-20). *Note: data is from the Mental Health NHS national dashboard. An average of reported data from Q1-Q4 2019/20 has been used. Data points are missing from the dashboard for Enfield Q1 and Q4, Camden Q2 and Haringey Q4

Haringey, Enfield and Barnet spend below the NCL average for CYP mental health, per head

Actual spend on C&YP mental health services per head (under 18), excluding services for eating disorders and learning disabilities, 2018/19 vs. 2019/20

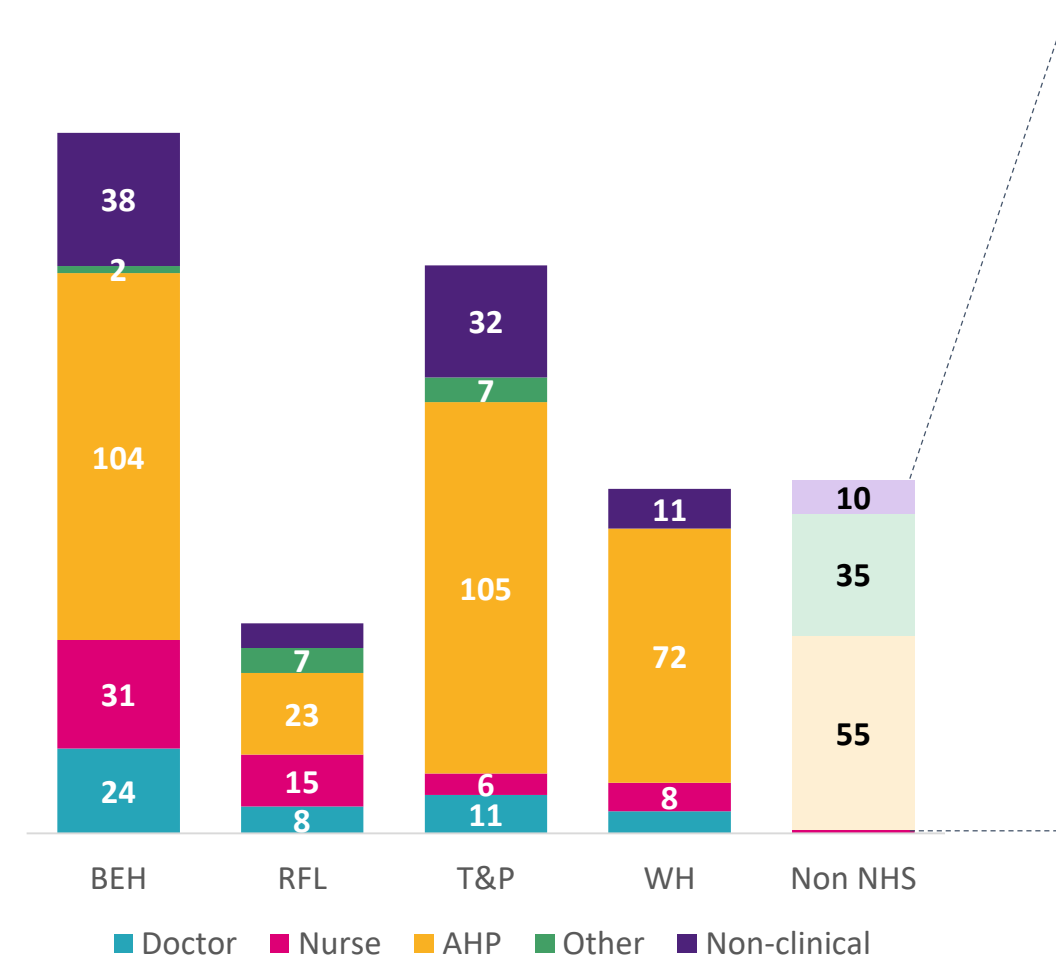


Source: MH national dashboard, NHS Fingertips, CF Analysis

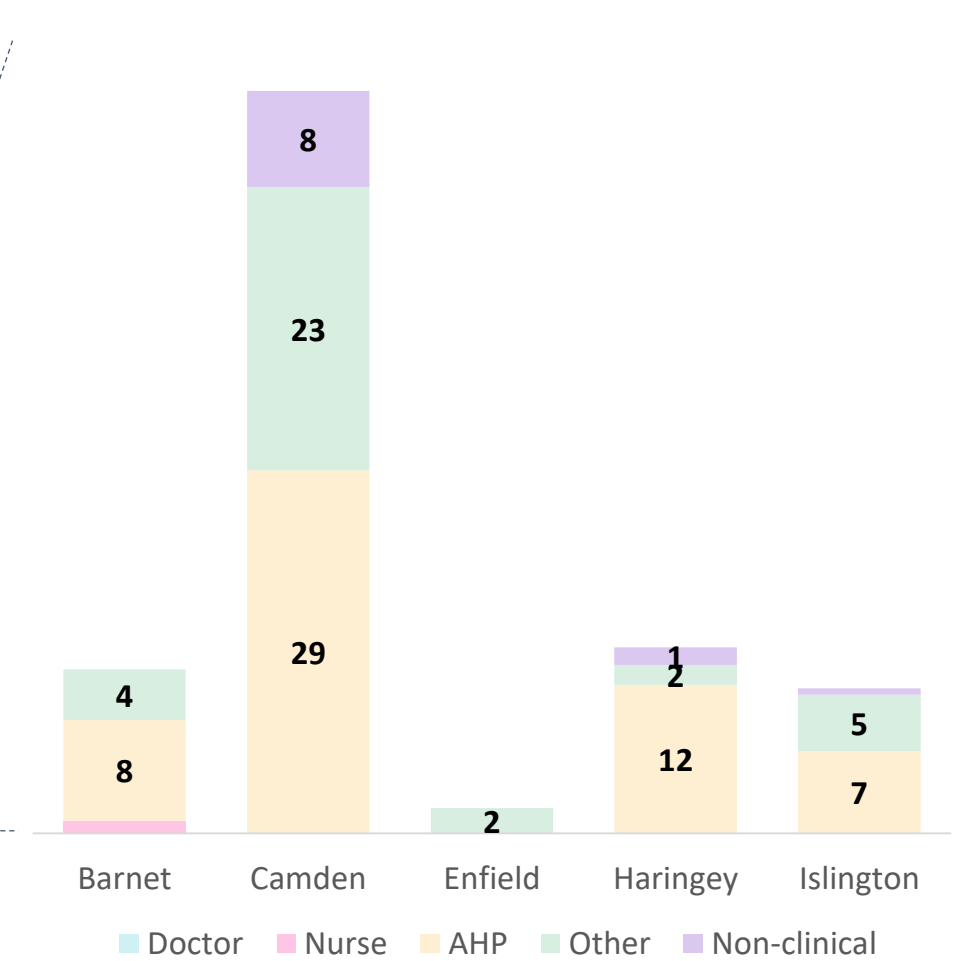
High spend in Islington may be partly driven by high admission rates to CAMHS Tier 4 wards and long average length of stay

On top of NHS provider CYP mental health service activity, Camden borough teams provide a significantly higher number of additional FTE than other boroughs

Budgeted establishment FTE in CYP mental health services, by role type and by provider 2021



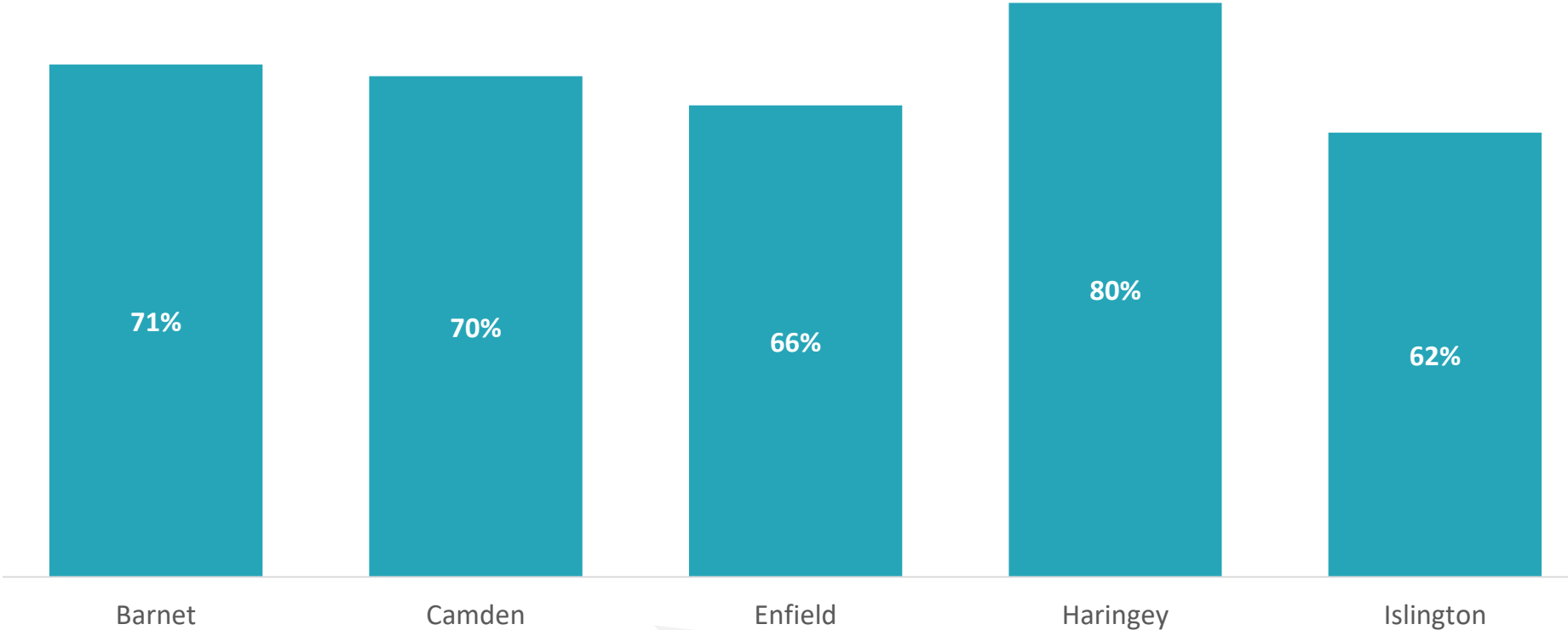
Budgeted establishment FTE in CYP mental health services, by role type and by borough, 2021



Source: NCL provider data returns, NEL CSU, CF analysis

Enfield and Islington had the lowest percentage of referrals for Eating Disorders accepted in 2019-20

Percentage of CYP Eating Disorders referrals accepted, 2019-20



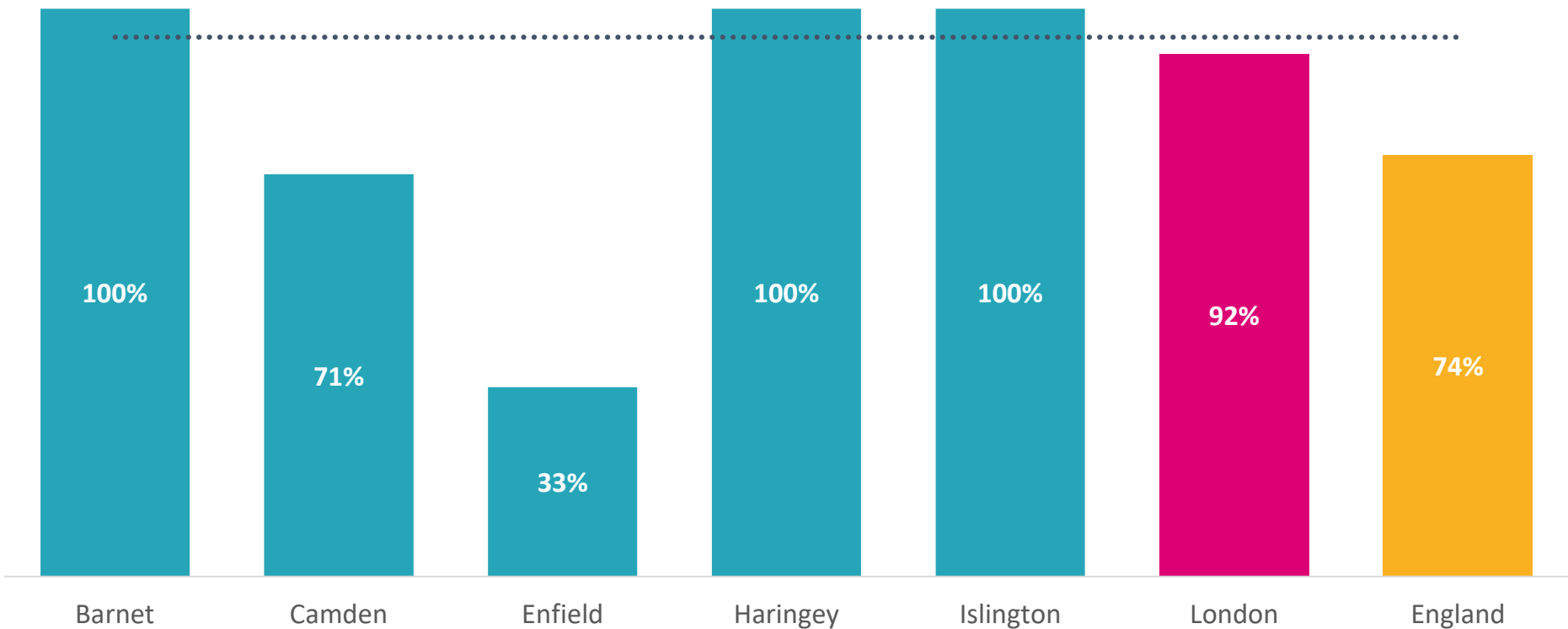
Note: eating disorders services are provided to all NCL boroughs by Royal Free. We need to understand if this difference in referral acceptance rates is driven by referral differences or service differences.

Source: NCL Attain Demand and Capacity modelling

Enfield and Camden C&YP waiting time for eating disorder is longer than other boroughs and is below the expected national standard

Percentage of CYP with eating disorders seen within 1 week (emergency), average of Q2 and Q3, 2019-20

National standard: 95%

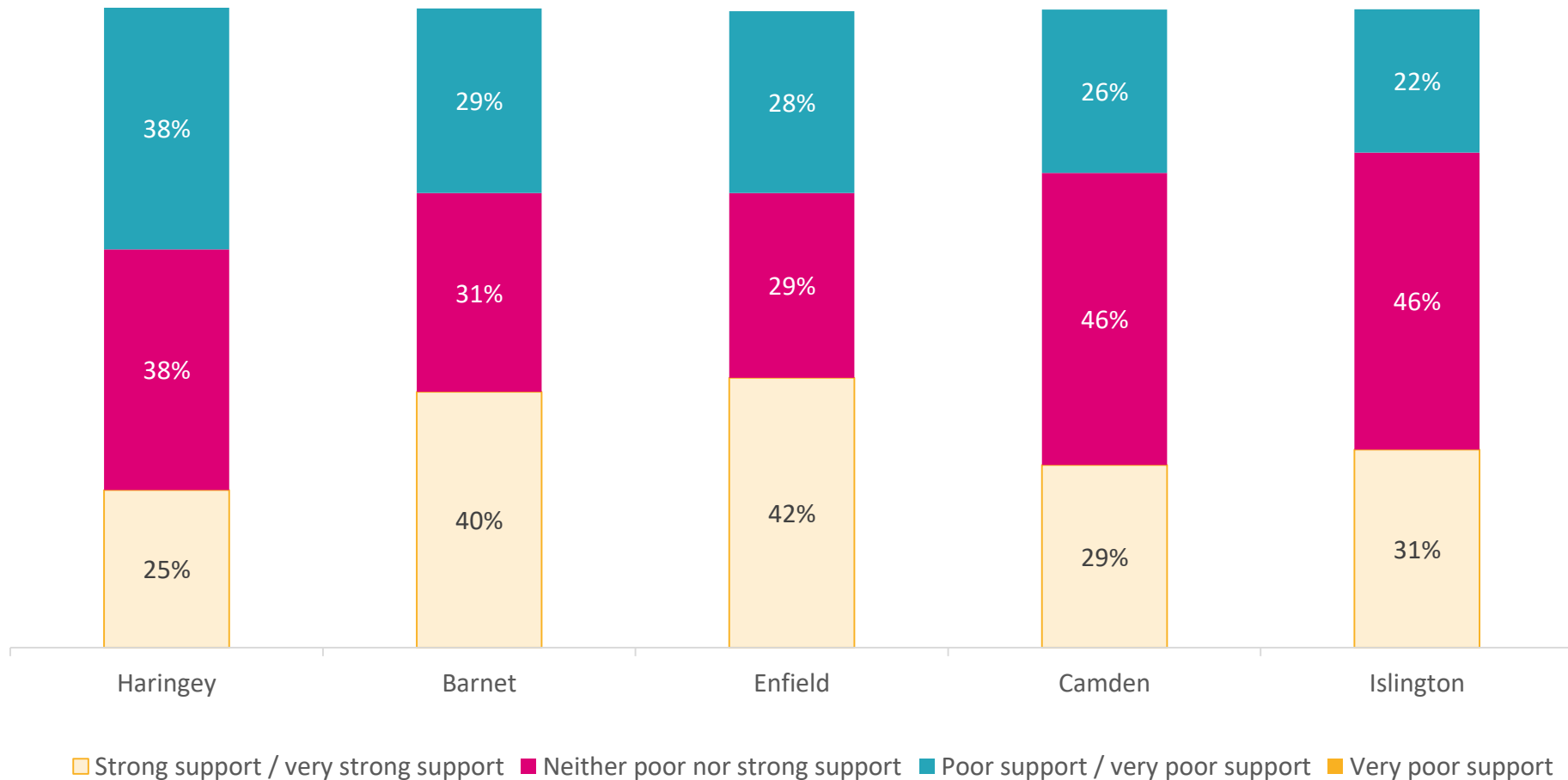


Note: eating disorders services are provided to all NCL boroughs through Royal Free. Enfield moved up to 75% in Q4 of 2019-20

Source: NHS Fingertips, NHS Mental Health National Dashboard

Less than half of survey respondents thought that C&YP with eating disorders receive the support they need, with 38% of Haringey respondents believing support is poor

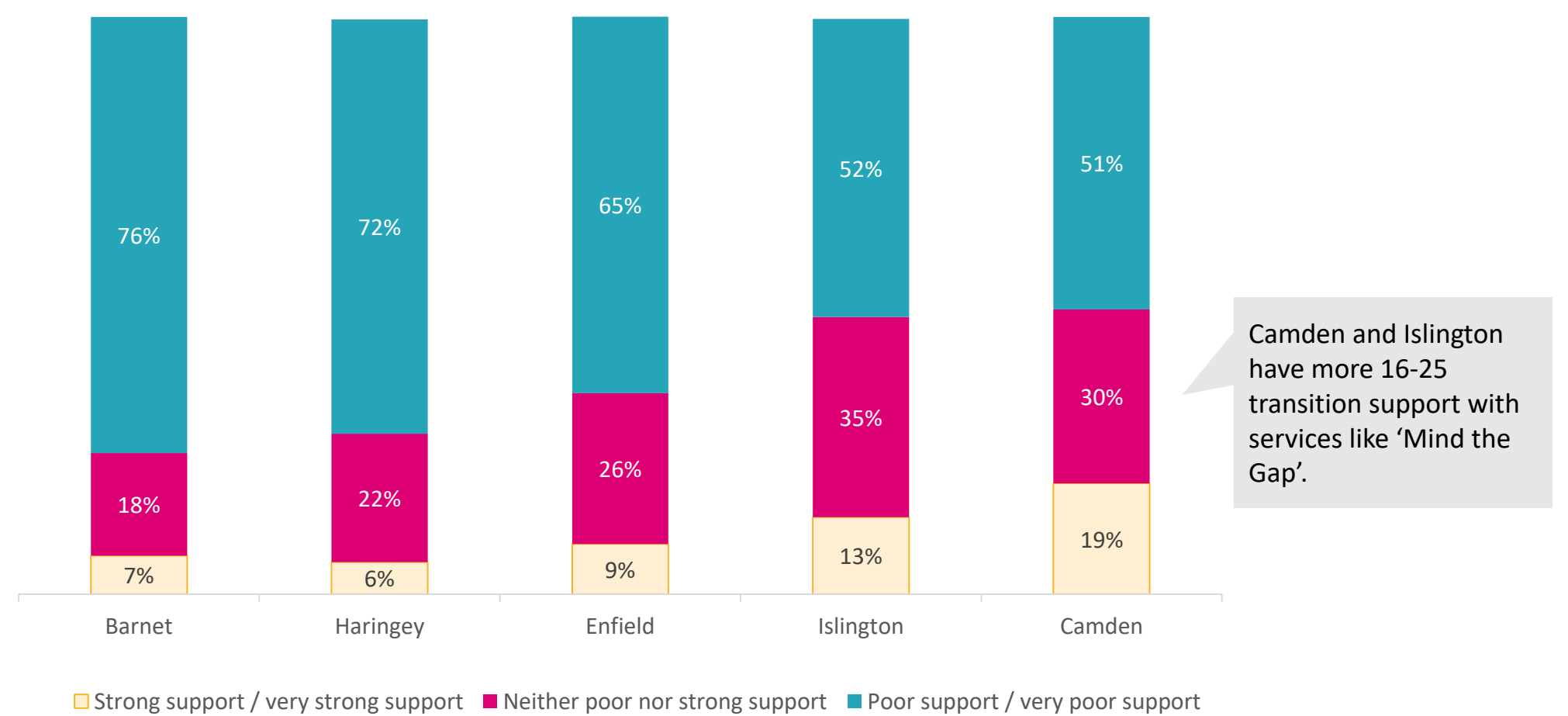
View of level of support provided to children and young people with eating disorders . View of answers by borough, based on geography respondents work in



Source: NCL MH services strategic review survey, 2021

Overall, survey respondents also felt that CYP do not have the support they need to transition to adult MH services, particularly in Barnet and Haringey

View of level of support provided to children and young people transitioning to adult MH services . View of answers by borough, based on geography respondents work in



Source: NCL MH services strategic review survey, 2021

Common mental health disorders

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

Higher investment in Haringey IAPT services compared to Enfield and Islington may contribute to shorter waiting times, higher recovery rates and fewer A&E attendances

| Borough | Diagnosed prevalence depression (by GP registered population, 2019) | IAPT waiting times (% of people receiving treatment within 6 weeks of referral, 2019/20) | IAPT recovery rate (% of people that attended at least 2 treatment contacts and are moving to recovery, 2019/20) | Depression A&E attendances (by 1000 MH weighted population, 2019/20) | Self-harm A&E attendances (by 1000 MH weighted population, 2019/20) | Spend per head on IAPT services (per MH weighted population, 2019/20) |
|-----------|---|--|--|--|---|---|
| Enfield | 10.8% | 74% | 48% | 15.2 | 4.5 | £6.55 |
| Islington | 10.4% | 68% | 51% | 15.3 | 5.0 | £7.66 |
| Haringey | 8.3% | 95% | 57% | 12.1 | 3.5 | £8.46 |
| Barnet | 7.9% | 64% | 55% | 15.0 | 3.0 | £8.68 |
| Camden | 9.2% | 80% | 50% | 12.0 | 2.6 | £8.87 |

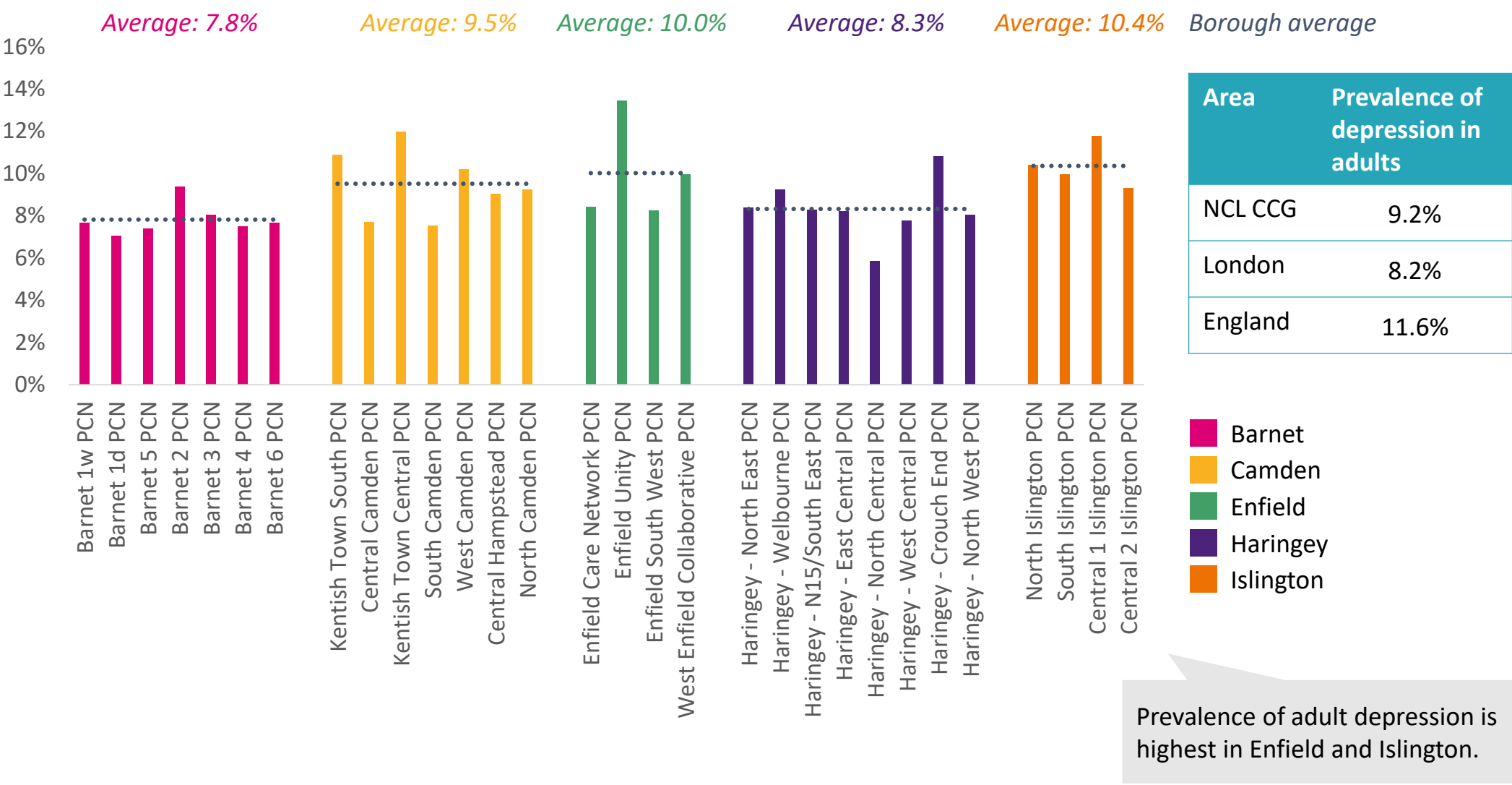
| | |
|---------------|-------------|
| London | 8.3% |
|---------------|-------------|

| | | | | |
|------------|--|--|--|--|
| Key | | | | |
| | Higher needs/ spend | | Lower needs/ spend | |

Sources: HES, NHS Fingertips, Quality and Outcomes Framework 2019 data by GP practice

Prevalence of adult depression in NCL is high compared to London; Enfield and Islington have the highest prevalence of adult depression in NCL

Prevalence of adult depression, % of patients aged 18+ with depression as recorded on GP practice registers, by PCN, 2019/20

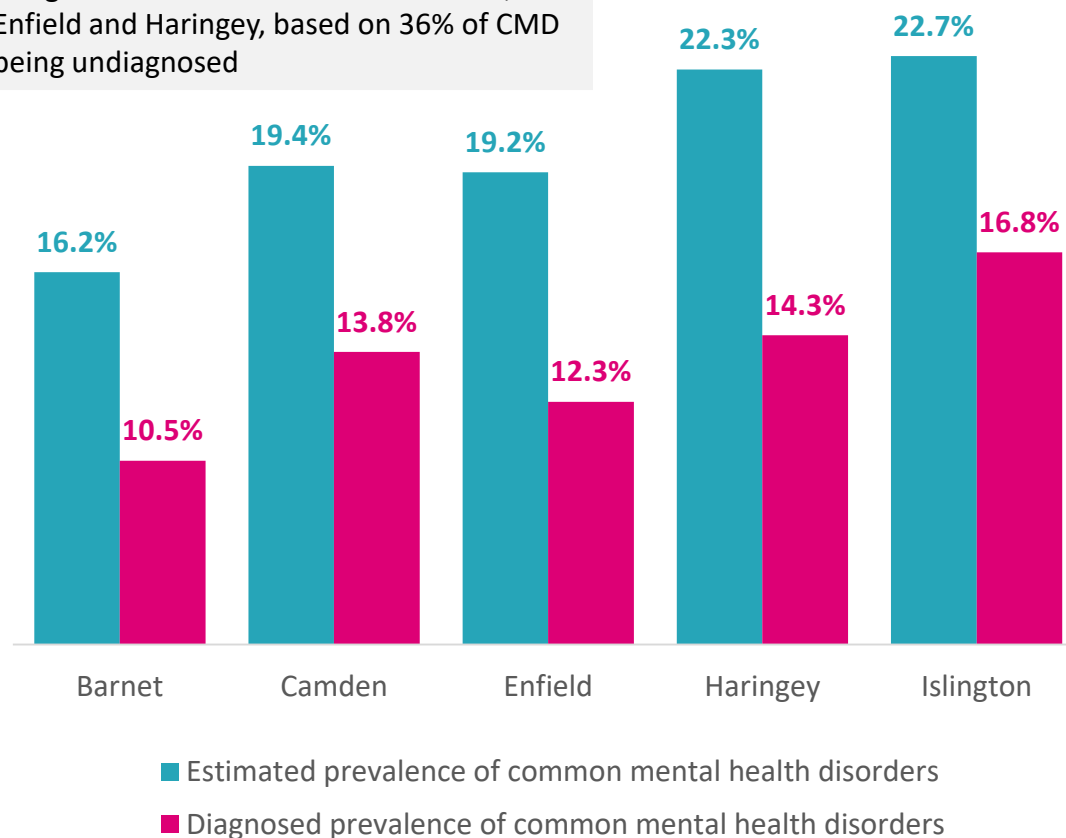


Source: Quality and Outcomes Framework 2019 data by GP practice, PHE Fingertips, CF anlaysis

Estimated prevalence of common mental health disorders highlights a potential high level of underdiagnosis particularly in Haringey and Islington

Estimated % prevalence of common mental health disorders in adults, from 2014 survey, compared to % of patients aged 18+ with common mental health disorders on GP practice registers, 2019/20

Diagnosed prevalence for Camden and Islington based on CSU data. For Barnet, Enfield and Haringey, based on 36% of CMD being undiagnosed

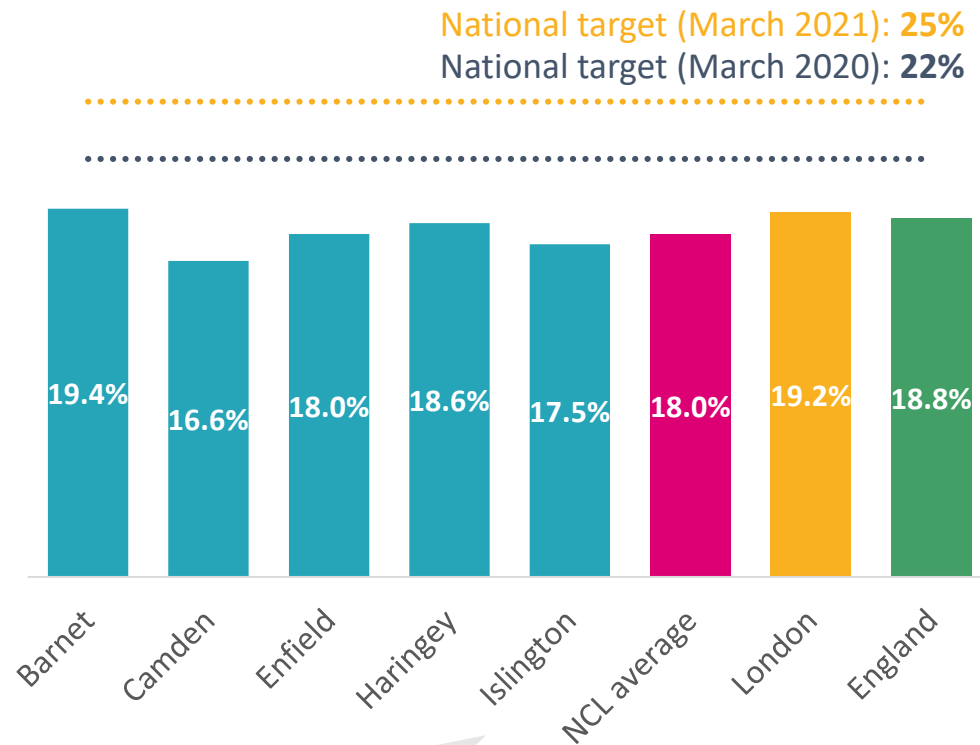


- Research from the Office National Statistics in 2014 found that 36% of common mental health disorders are undiagnosed
- The 2014 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing in England provides estimates as to the prevalence of common mental health disorders (as shown on the left)
- The prevalence of GP registered common mental disorders for Camden and Islington is significantly below these numbers
- Registered prevalence of common mental health disorders for Barnet, Enfield and Haringey was estimated based on 36% of CMD being undiagnosed
- A report by the National Institute for Mental Health (2003), noted that people of black African Caribbean and South Asian origin are less likely to have common mental health problems detected by their GP

Sources: NHS Fingertips, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, Quality and Outcomes Framework 2019 data by GP practice, ONS, National Institute for Mental Health in England. (2003). Inside Outside: Improving Mental Health Service for Black and Minority Ethnic Communities in England. London: Department of Health, Mental Health after Covid-19 Islington Final Feb 2021, Mental Health after Covid-19 Camden Final Feb 2021

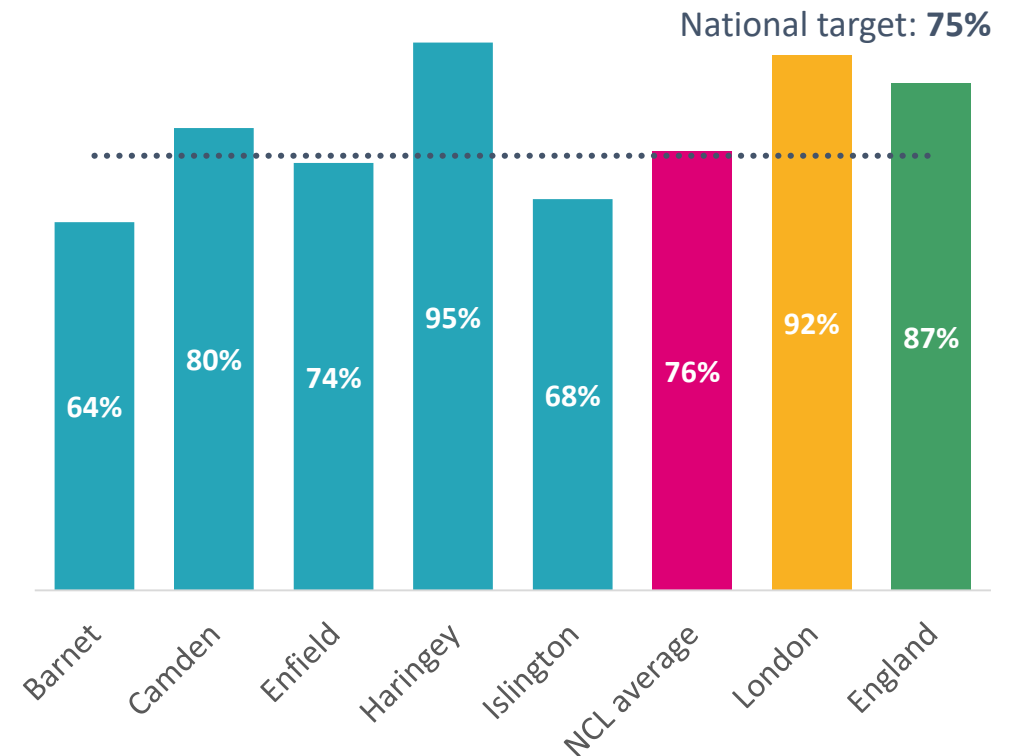
In 2019/20, NCL was 18% below the national target for access to IAPT; Haringey has the highest proportion of people receiving treatment within 6 weeks of referral

IAPT access rate, % of people with depression / anxiety entering NHS funded treatment, 2019/20



Enfield and Islington have higher rates of adult depression, however they are below target in terms of IAPT access rate and waiting times.

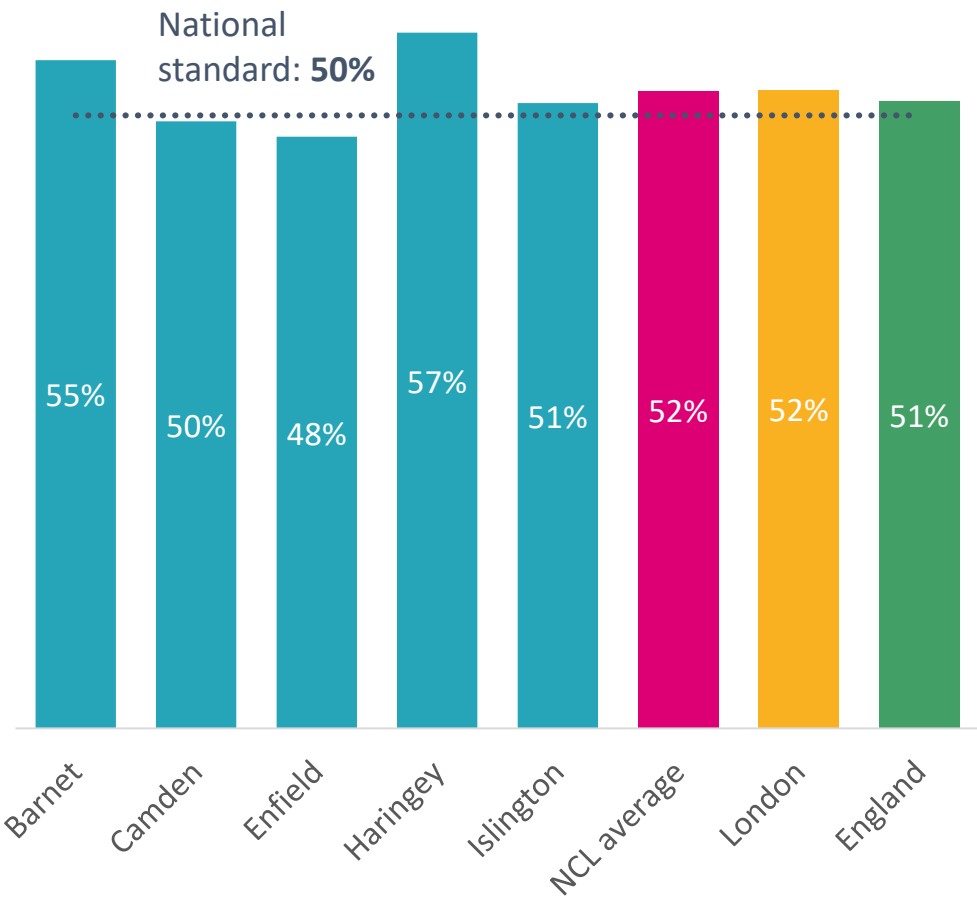
IAPT waiting times, % of people receiving treatment within 6 weeks of referral, 2019/20



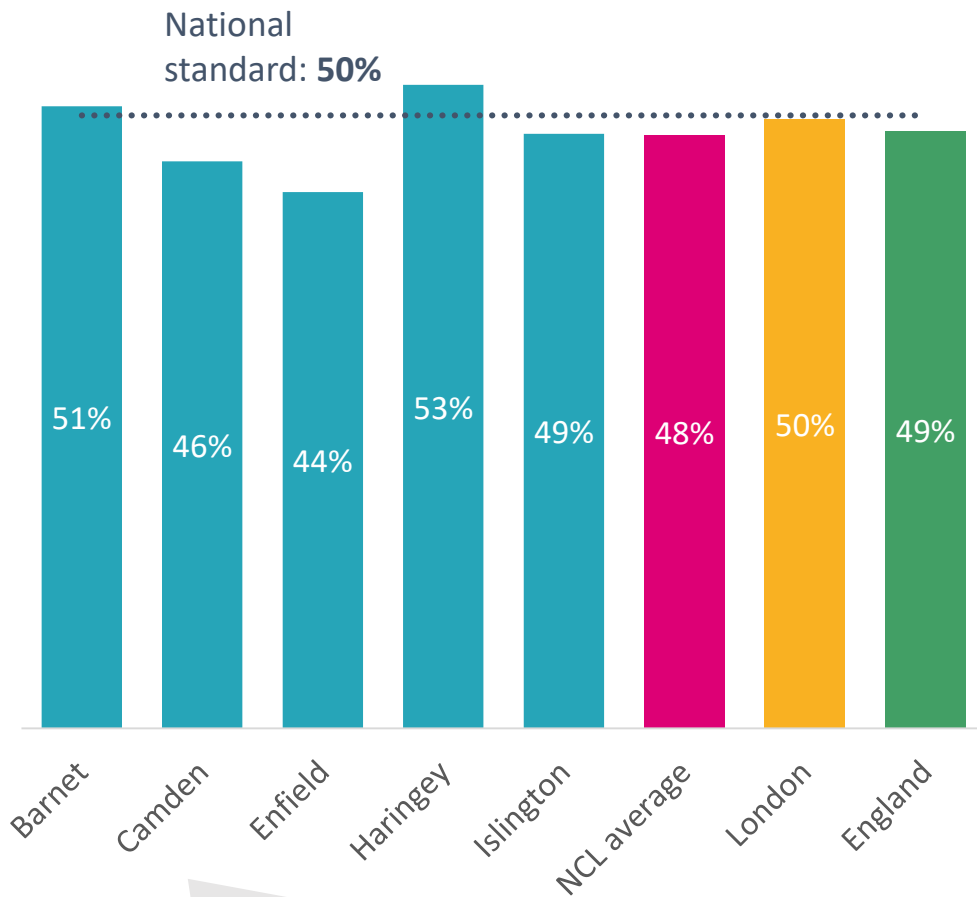
* Note: RTT = referral to treatment. The national target is for 75% of patients to receive treatment within 6 weeks of referral.

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

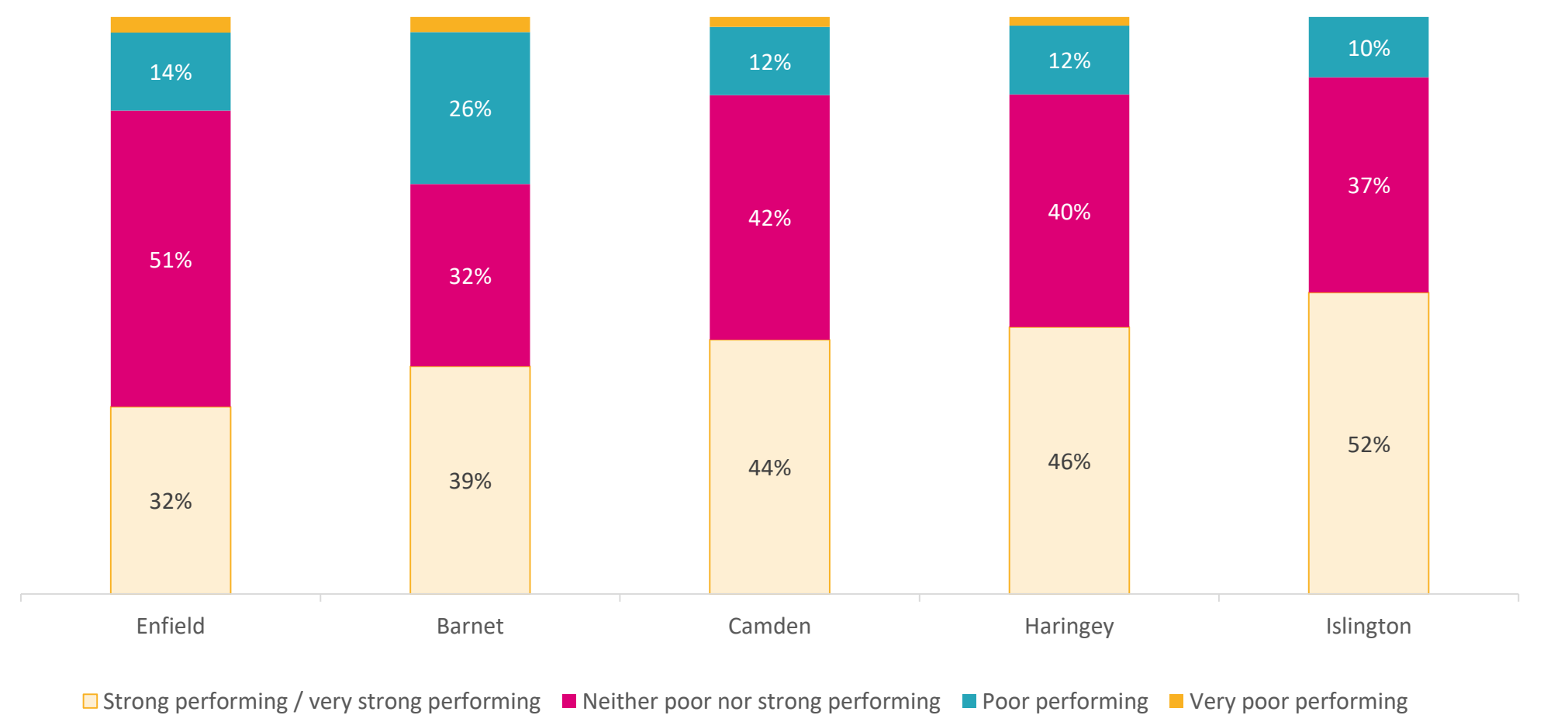


Research shows that nationally, BAME groups have lower recovery rates from IAPT services than their white counterparts. This holds true in NCL.

Source: NHS Mental Health Dashboard

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

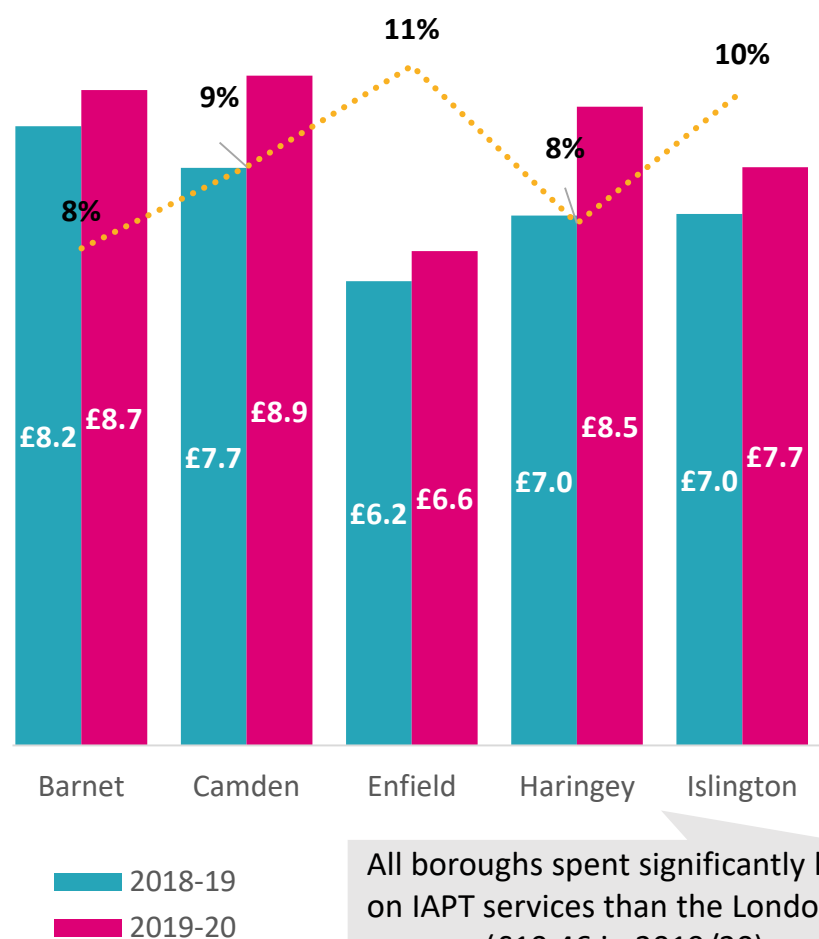
How well performing are IAPT services in your geography?, View of survey responses by borough, based on geography respondents work in



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



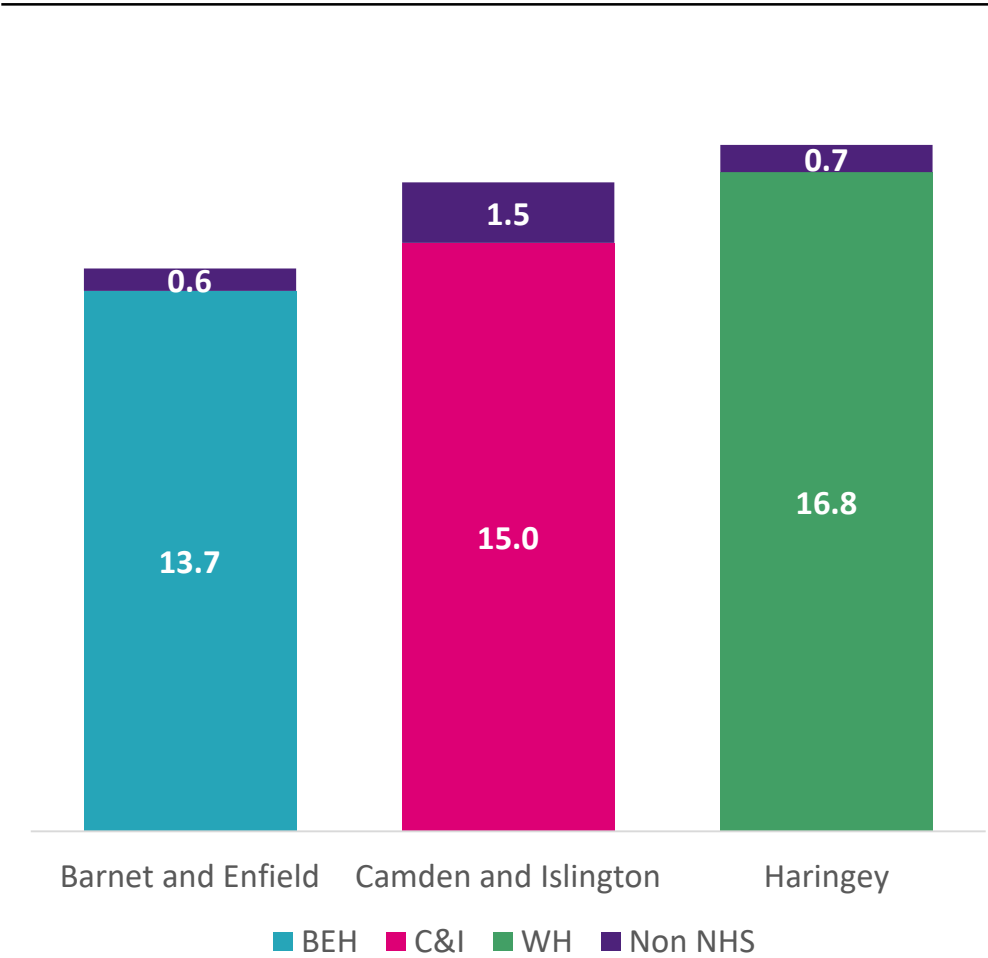
All boroughs spent significantly less on IAPT services than the London average (£10.46 in 2019/20)

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, Open Door | The Brandon Centre |
| Same language counselling | Barnet multilingual wellbeing service | | | Nafsiyat Intercultural Therapy Centre | |
| Mental health promotion and wellbeing service | Barnet refugee service | | | | Manor Gardens Welfare Trust |
| Music / art therapy | | | | | Key Changes, Stuart Low Trust |

Camden, Islington and Haringey have higher FTE in IAPT services per weighted head of population compared to Barnet and Enfield

IAPT team workforce, AHP and other staff budgeted establishment FTE per 100,000 mental health weighted population, 2021



| Borough | Provider | IAPT opening hours |
|-----------|-------------|--------------------|
| Barnet | BEH | 08:00-17:00 |
| Camden | C&I and T&P | 08:00-20:00 |
| Enfield | BEH | 08:00-17:00 |
| Haringey | WH | 09:00-17:00 |
| Islington | C&I | 09:00-17:00 |

Source: Mental health provider data returns, NHSE Mental Health weighted CCG population 2020/21, CF analysis

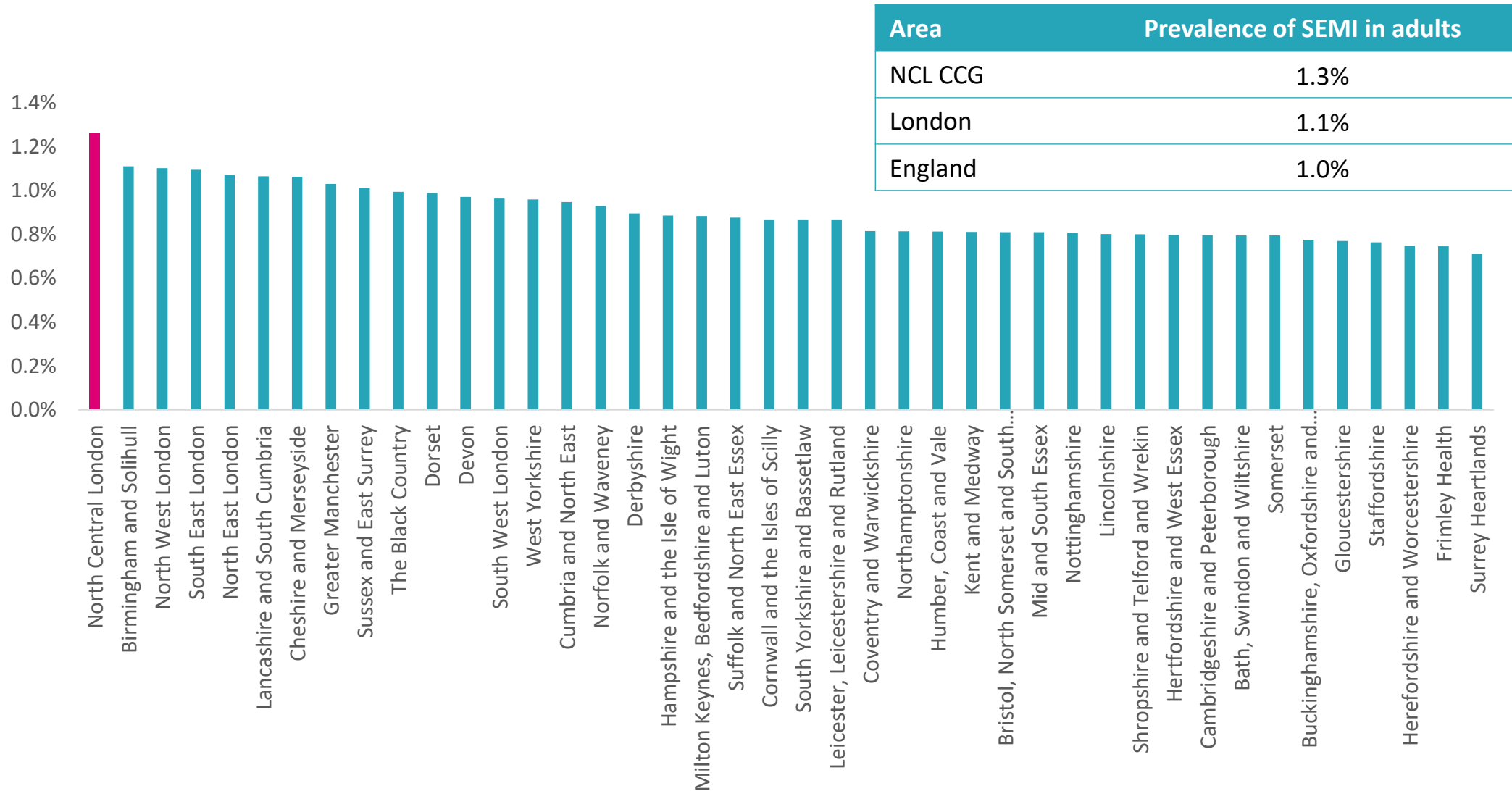
SEMI

Key messages – SEMI

- NCL STP has the highest diagnosed prevalence of NCL compared to other STPs in England; there are particularly high levels of need in parts of Camden, Islington and Haringey. This aligns with levels of deprivation in North Central London and with national findings that prevalence of SEMI is higher in people who live in more deprived areas.
- Camden and Islington have the highest rates of A&E attendances for symptoms of psychosis.
- People with SEMI in NCL receive the most input from Community Mental Health Teams. They receive a slightly more contacts with Crisis Response services compared to EIP services.
- Overall black population are higher users of mental health services. In particular 40% of the caseload for assertive outreach services are black patients (in comparison of 11% in the NCL population being black). This may be due to late presentation of needs, associated with higher deprivation, and more likely to have needs escalated to crisis.
- Holistic care for people with SEMI is poor in NCL, with particularly low rates of people on the Care Programme Approach in employment.
- All NCL boroughs fall short of the national standard that 60% of people with SEMI should have a full physical health check in primary care. 49% of people with SEMI in NCL have at least one other long-term condition

Prevalence of SEMI in NCL is 30% higher than nationally, and 18% higher than London; NCL STP has the highest prevalence of SEMI compared to other STPs in England

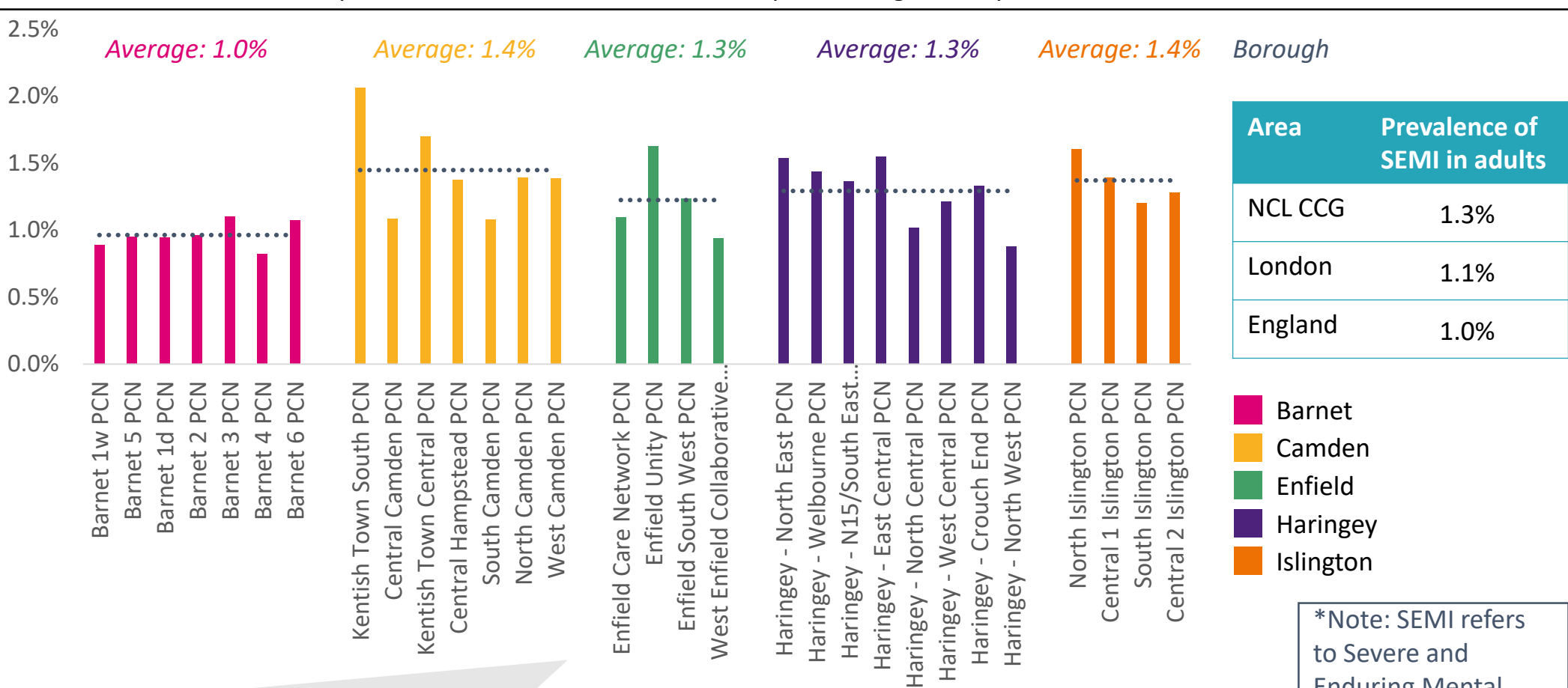
Prevalence of SEMI*, % of all patients with SEMI as recorded on GP practice registers, by STP, 2019/20



Source: PHE Fingertips, CF analysis

Within NCL, prevalence is highest in Camden, Islington and Haringey

Prevalence of SEMI*, % of all patients with SEMI as recorded on GP practice registers, by PCN, 2019/20

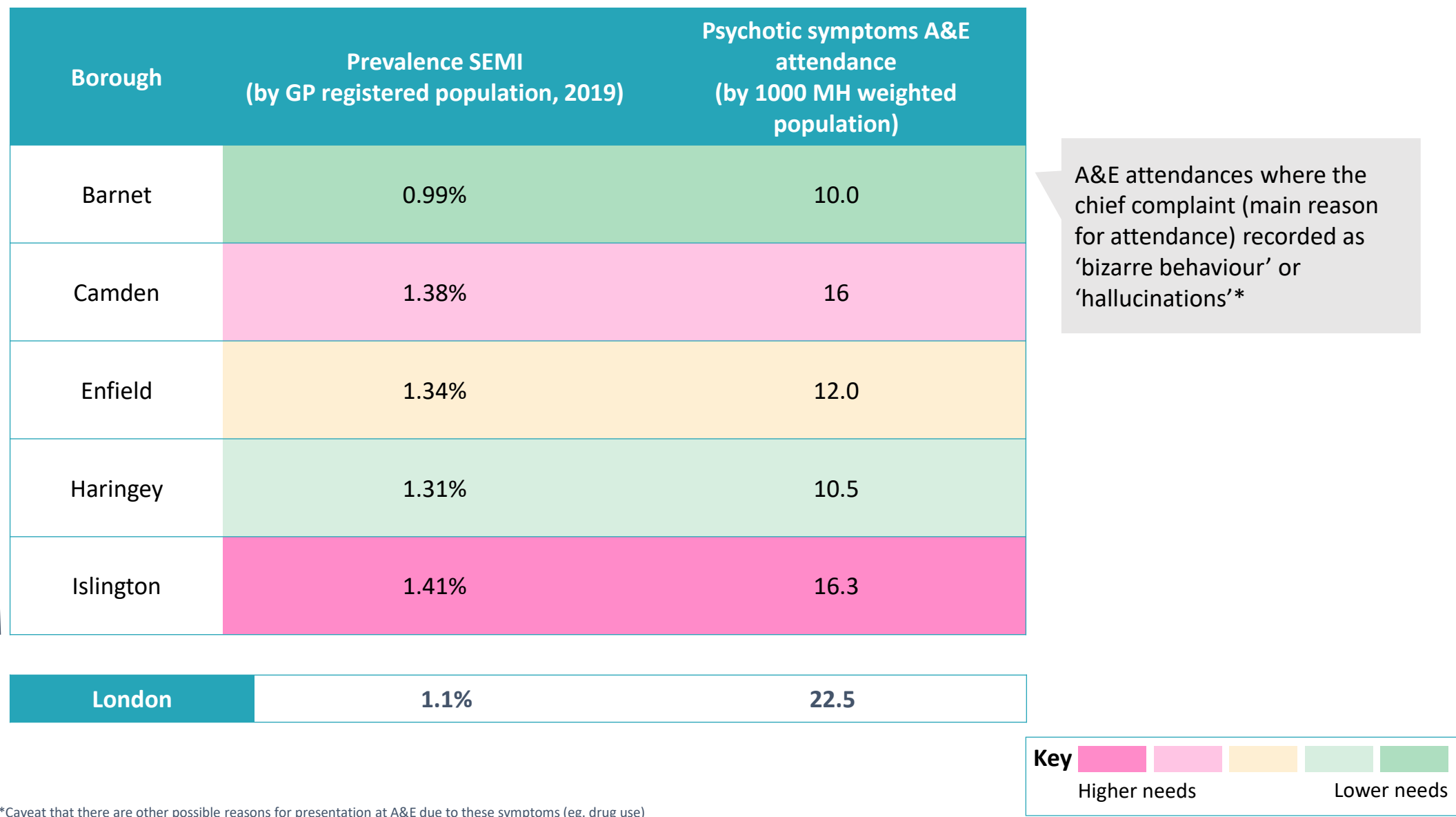


Within boroughs, prevalence of SEMI varies by PCN and area level deprivation. Within boroughs, PCNs are ordered from more deprived to less deprived (left to right). We know from published research, that SEMI is more prevalent in people living in the most deprived areas. Poverty is both a cause and a consequence of SEMI. Barnet is the least deprived borough in NCL, while Haringey and Islington are most deprived. Prevalence of some severe mental illnesses is also higher in younger age groups.

*Note: SEMI refers to Severe and Enduring Mental Illness including schizophrenia, bipolar affective disorder and other psychoses.

Source: Quality and Outcomes Framework 2019 data by GP practice, PHE Fingertips, CF analysis, <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

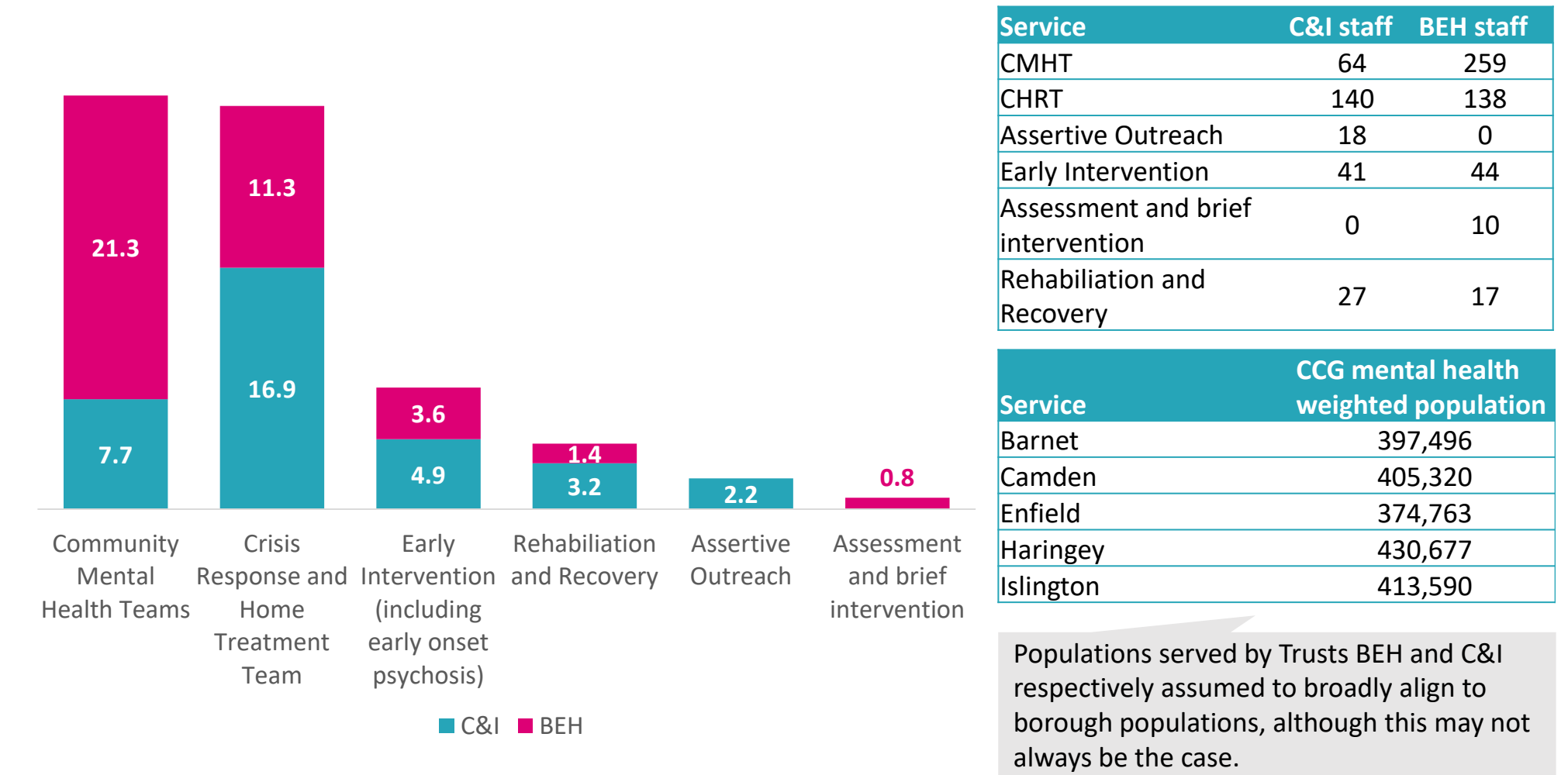
Prevalence of SEMI in NCL is high, particularly in Camden and Islington, where there are also high rates of presentation at A&E for psychotic symptoms



*Caveat that there are other possible reasons for presentation at A&E due to these symptoms (eg. drug use)
Sources: HES, NHS Fingertips, Quality and Outcomes Framework 2019 data by GP practice

C&I and BEH have higher numbers of staff per head in crisis response and home treatment teams compared to early intervention and rehabilitation and recovery

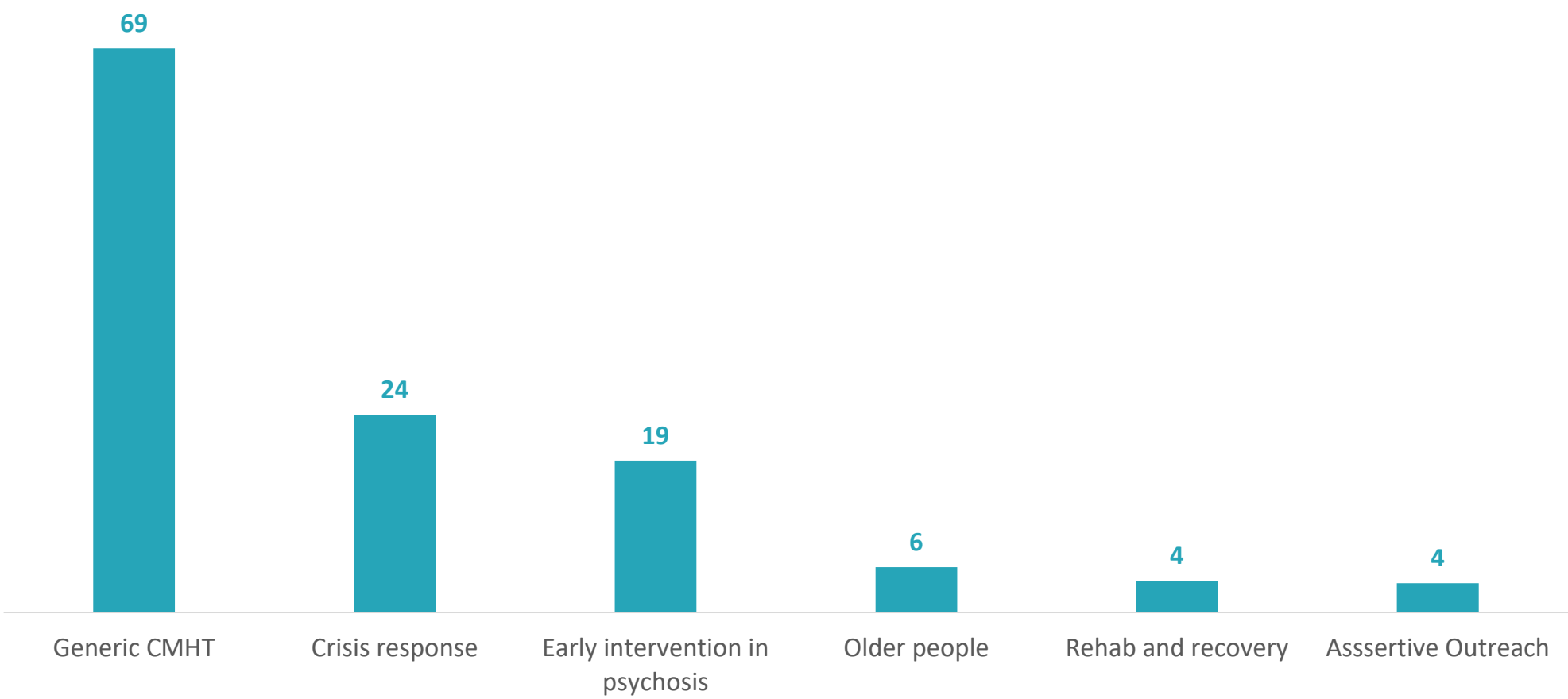
Total staff (out turn position) by service and by role type, per 100,000 mental health need weighted population, by Trust, 2019/20



Note: The EIP and CRHT teams do have different demands as EIP only serves people with new onset psychosis. The CRT serves anyone in a MH crisis due to mental illness.
Source: BEH and C&I National benchmarking report submission data 2019/20, NHSE CCG mental health need weighted populations, 2019/20

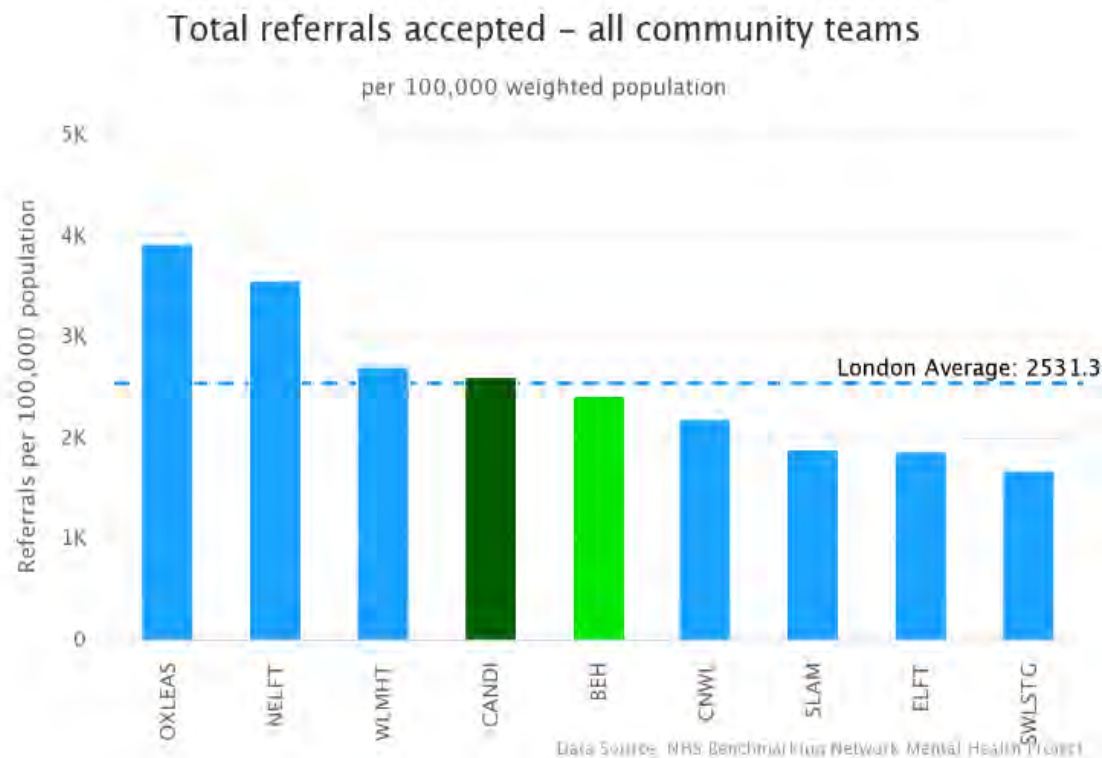
Patients with SEMI receive most contacts from CMHTs; they receive on average slightly more contacts from Crisis teams than from EIP teams

Contacts for patients with SEMI (clusters 10-17), per 1,000 mental health weighted population, 2019/20



Note: The data shown pertains only to Camden & Islington Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust. People not yet clustered are apportioned to a cluster.
Source: NHS Benchmarking Report data from C&I and BEH, NHSE CCG mental health needs weighted populations, CF analysis

CMHTs in BEH accept fewer referrals of SEMI patients than the London average and Enfield is more likely to send rejected referrals to crisis care



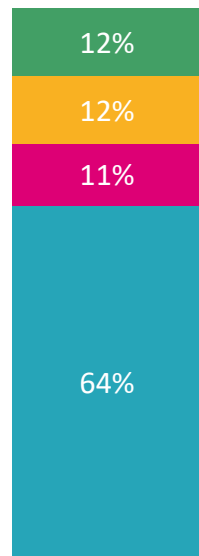
Analysis from BEH only:

- Referrals from police and social care that are not accepted but referred onwards, are **most likely to be referred to crisis care services**
- The assessment service in **Enfield is most likely to refer people they didn't accept onwards to Crisis Care** (32% of onwards referrals)
- The proportion of accepted individuals with SEMI is lowest for Black ethnic groups

Source: CMHT analysis 090221 plus care spells (1)

The proportion of patients on community mental health services caseloads by ethnicity varies considerably by service type

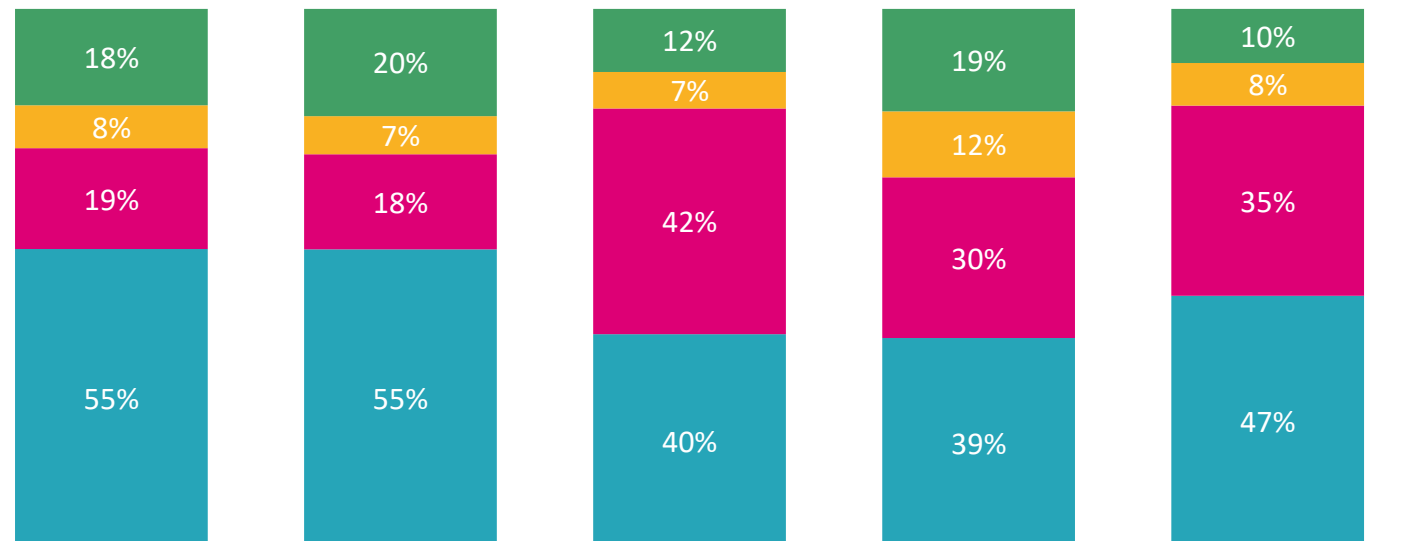
Proportion of NCL population by ethnicity, 2018



NCL (ethnicity)

■ Mixed / Other
■ Asian / Asian British
■ Black / Black British
■ White / White British

Proportion of NCL of patients on community mental health services caseload by ethnicity, by service type, as at end of January 2020



Generic CMHT

CRHT

Asssertive Outreach

Early intervention in psychosis

Rehab and recovery

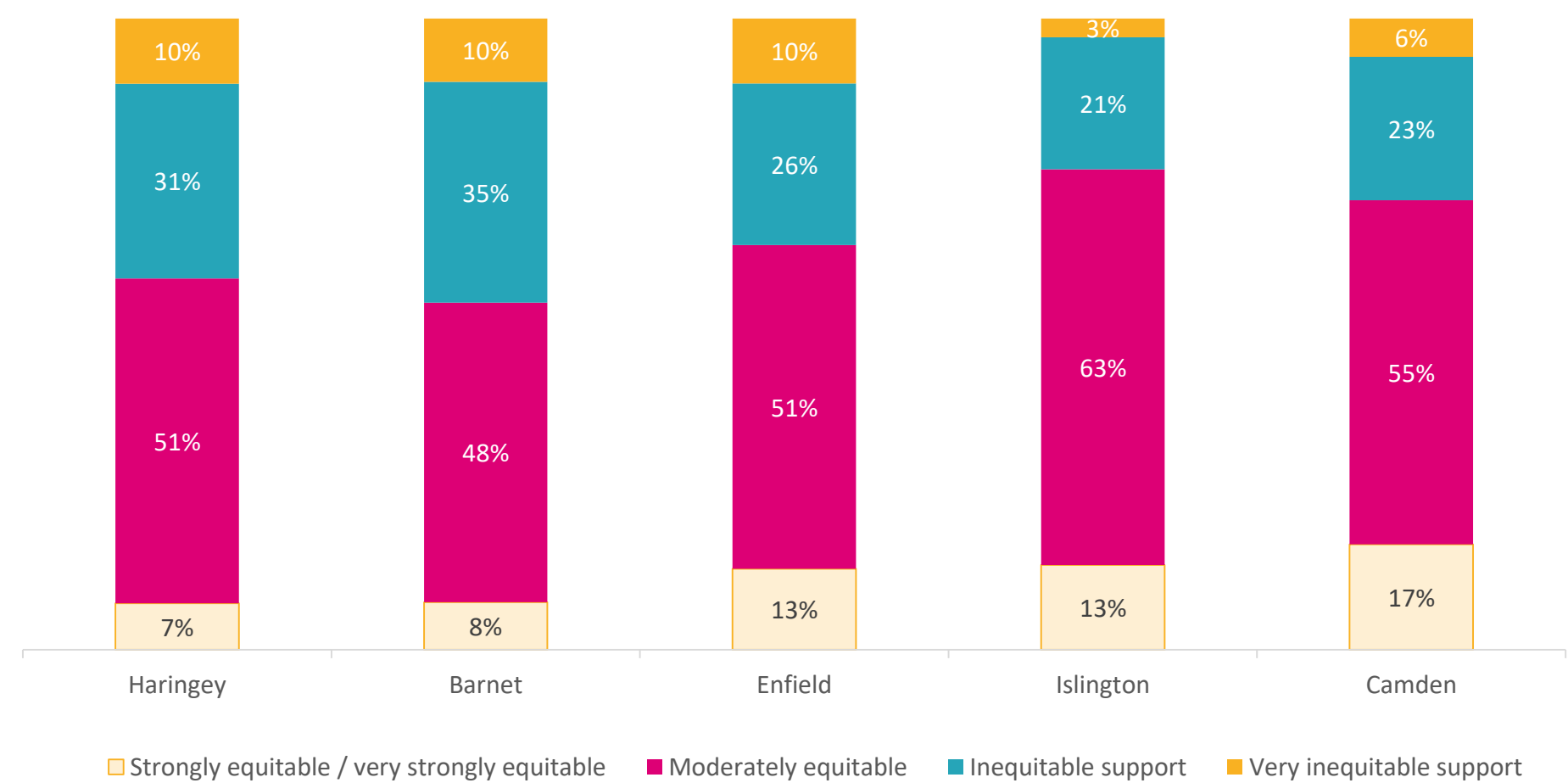
■ White / White British
 ■ Black / Black British
 ■ Asian / Asian British
 ■ Mixed / Other

Recent analysis completed by BEH has highlighted inequalities in access to mental health services. Black population groups would be expected to form a higher % of the caseload given the evidence around increased prevalence of SEMI in these groups. However BEH's analysis suggests that these groups may still be underrepresented.

Note: This data pertains to Camden & Islington Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust only.
Source: National Benchmarking Report data from C&I and BEH, 2019/20, ONS Ethnicity data by borough

Over 40% survey respondents in Haringey and Barnet feel that that support is not equitable for SEMI patients from different demographic groups

View of level of equitable support for SEMI patients from different demographic groups. View of answers by borough, based on geography respondents work in



Source: NCL MH services strategic review survey, 2021

NCL has higher rates of people on the CPA in settled accommodation compared to London and England; employment rates are poorer than London and more variable

People on Care Programme Approach (CPA) in settled accommodation, monthly average 2019/20



People on Care Programme Approach (CPA) in employment, monthly average 2019/20

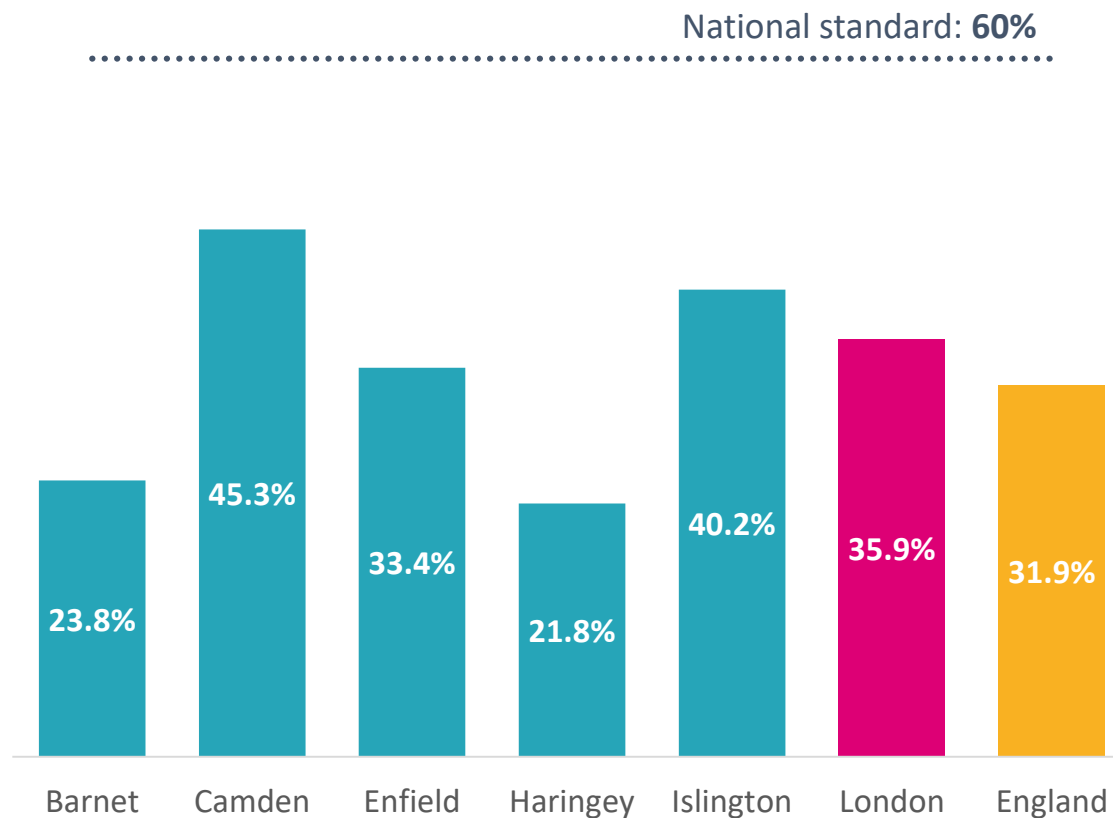


N.B. Forensic patients are counted in this data. Enfield hosts the forensic wards at Chase Farm and has the 2nd largest supported accommodation market in London

Source: NCL Quality and data packs March 2020, CF analysis

However, NCL is falling short of the national standard that 60% of people with SEMI should have a full physical health check in primary care

Percentage of people on GP SEMI register receiving full physical check in Primary Care setting, average Q1-4, 2019-20



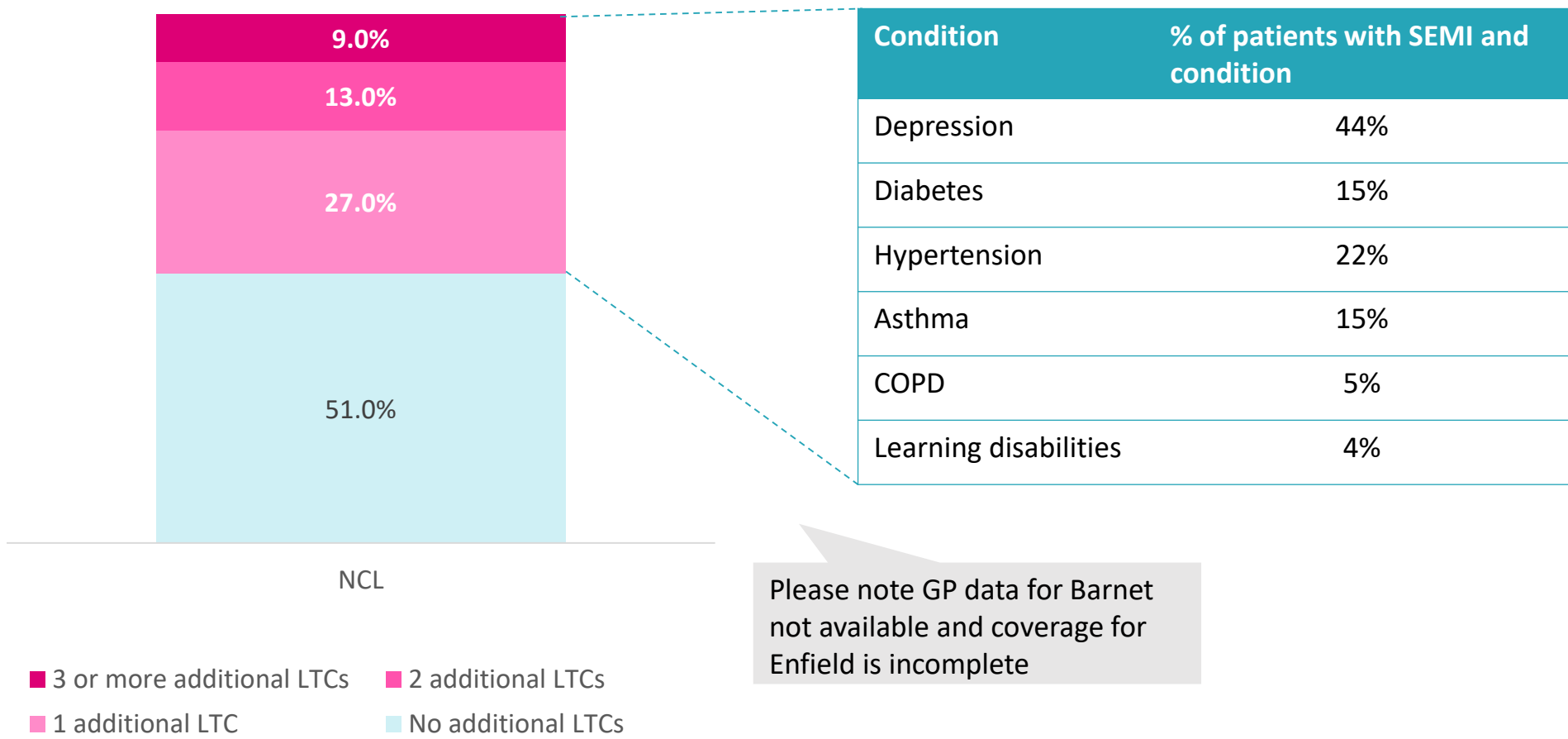
Both nationally and in London, as well as in NCL, the target for completion of physical health checks in people with SEMI is not being met.

- While improvements need to be made, **Camden** and **Islington** do outperform London and England.
- **Enfield** outperforms England, but underperforms compared to London.
- However, **Barnet** and **Haringey** fall below both London and England by a maximum of 14 percentage points.
- Enfield and Barnet do not have a Local Commissioned service with primary care whereas the other three boroughs do

Source: NHS Mental health dashboard, CF analysis

Half of patients diagnosed with SEMI are also comorbid with other long-term conditions; 44% of SEMI patients are also diagnosed with depression

Proportion of patients diagnosed with SEMI comorbid with other long term conditions (LTCs), 2020



Source: GP practice data, NEL CSU

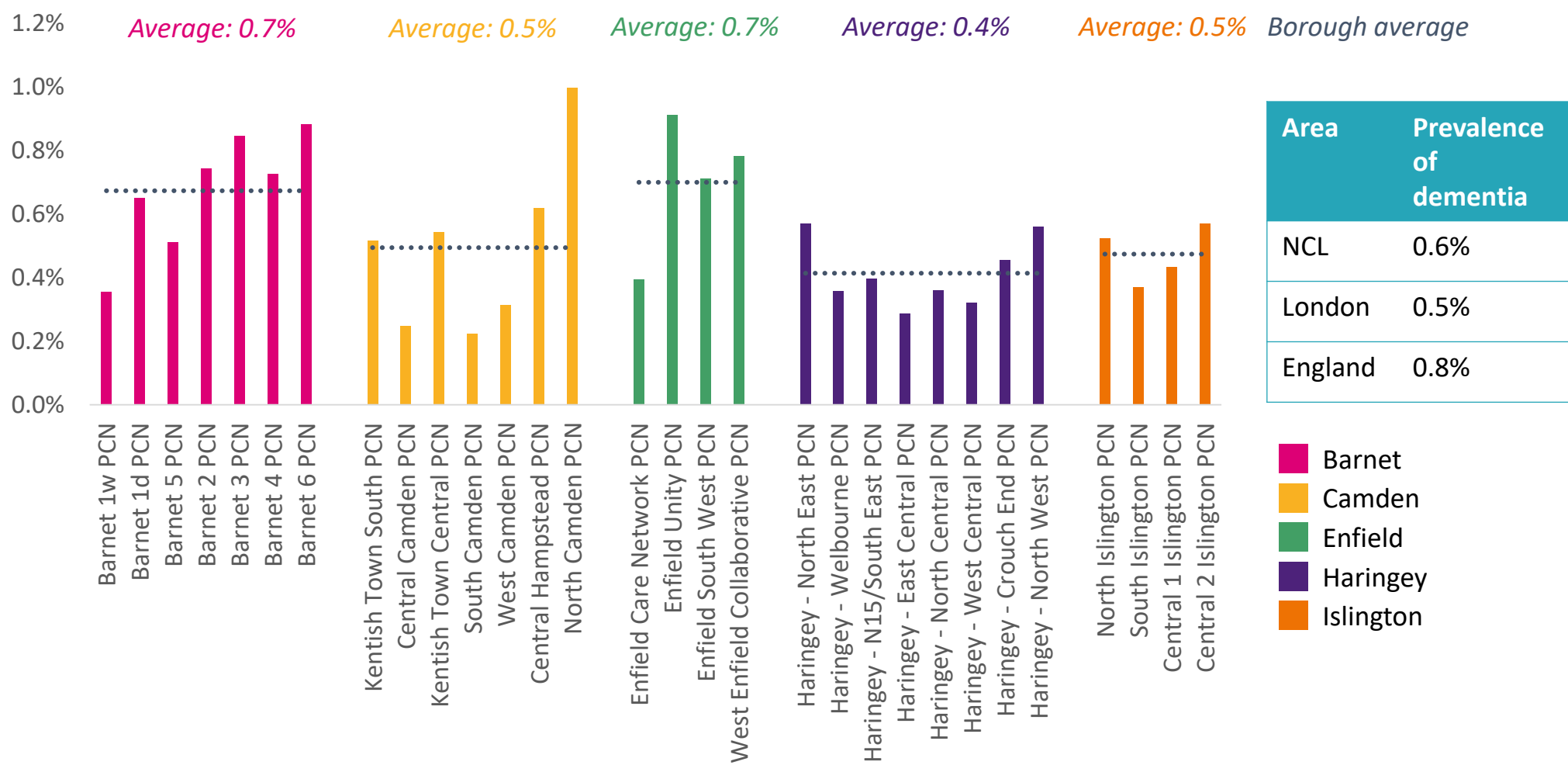
Dementia

Key messages – Dementia

- NCL dementia prevalence is higher than London and lower than nationally; Enfield and Barnet with older populations have highest diagnosed prevalence of dementia within NCL
- There is variation in referral rates between boroughs. Barnet, Enfield and Haringey have lower rates of referrals to memory services than Camden and Islington
- While NCL CCGs are meeting the national target dementia diagnosis rate, there is significant variation between highest and lowest performing CCG; Barnet and Haringey have the lowest rates of diagnosis of dementia
- Barnet and Enfield have the shortest waiting times for diagnosis with 92.8% of patients seen in 6 weeks compared to 54.3% of patients in Islington
- Camden and Islington have twice the rate of contacts compared to other boroughs, C&I operate a whole-life model, while BEH memory services are diagnostic only and initiate medication.

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

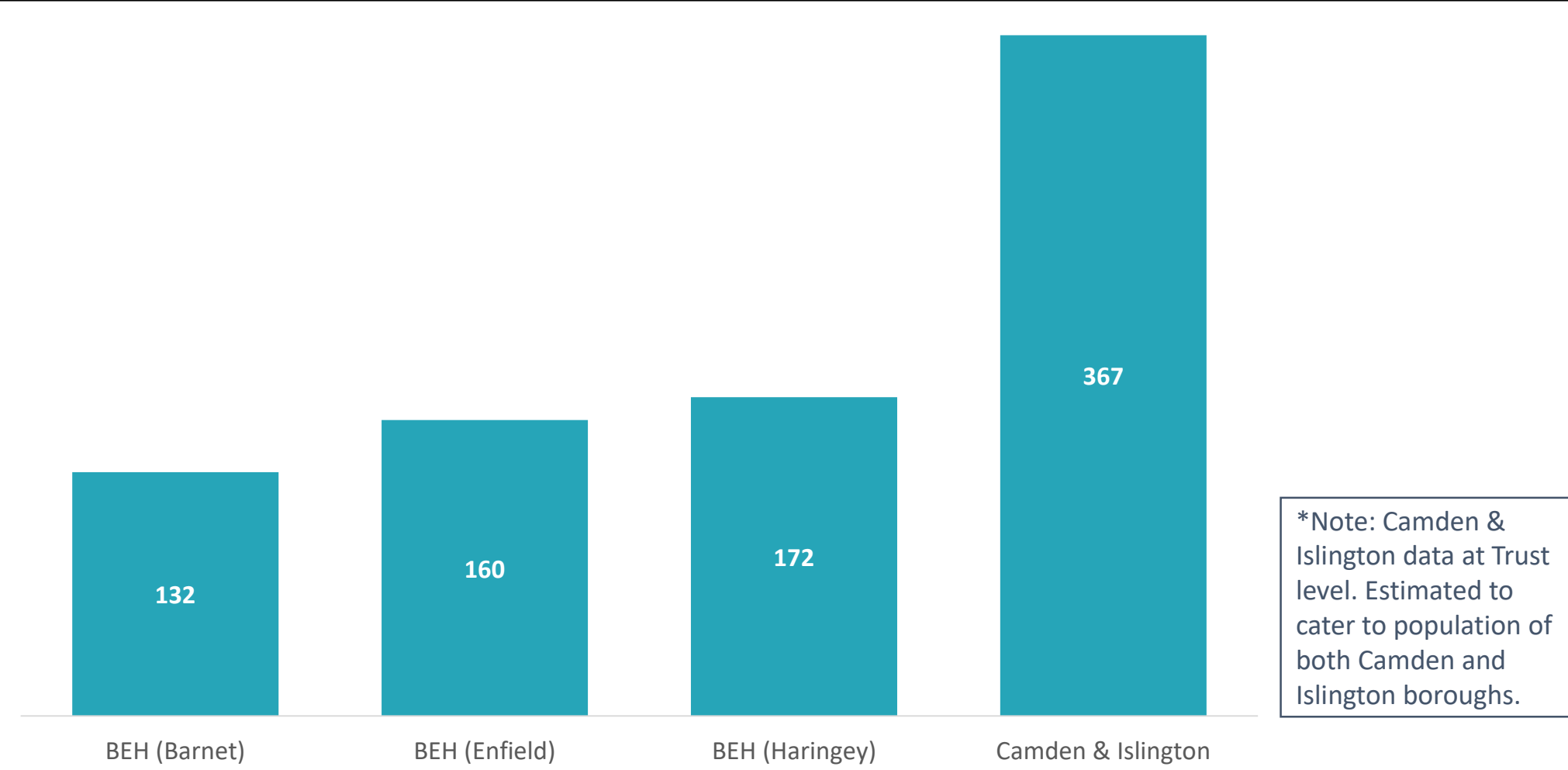
Prevalence of dementia as a % of all registered patients, by PCN, 2019/20



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.

Referral rates to memory services vary across boroughs, with Barnet having the lowest referral rate

Referrals to memory services, total referrals per population aged 65+, 2019/20

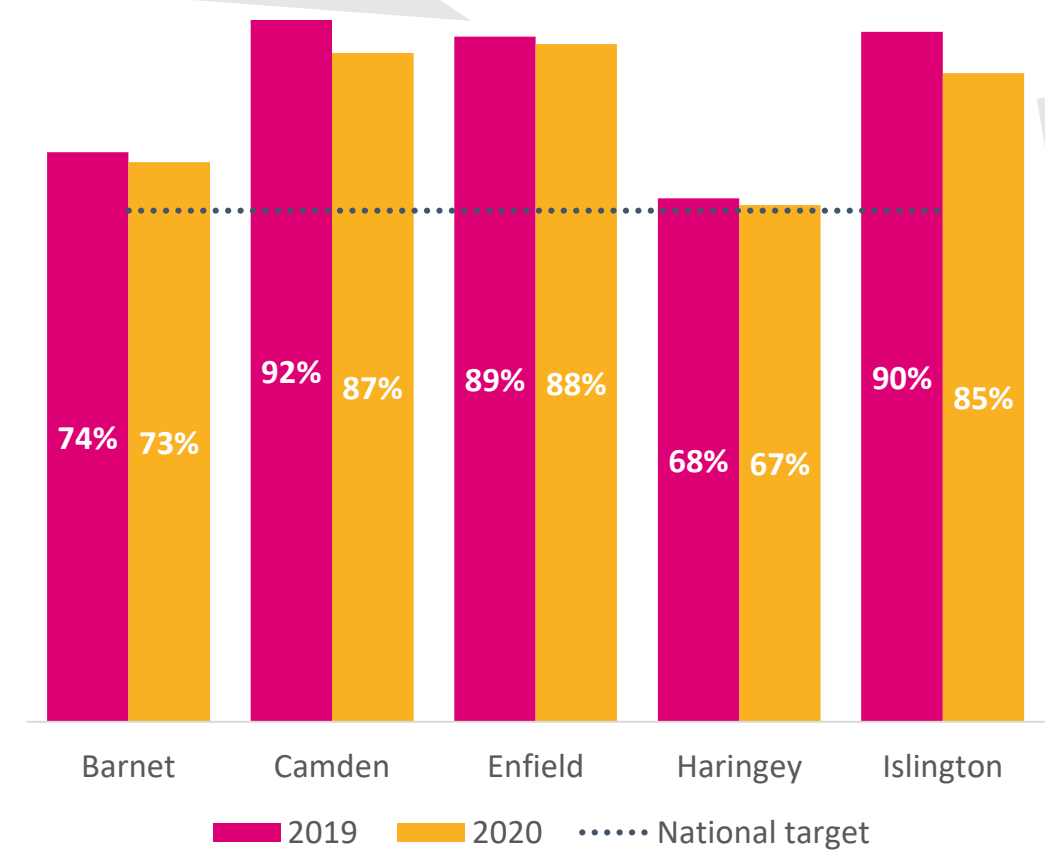


Note: Data pertains to Camden & Tislington Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust only
Source: National Benchmarking Report data provided by BEH and C&I, NHSE CCG mental health need weighted populations, CF analysis

NCL boroughs meet national target for dementia diagnosis rate, but there is significant variation between boroughs with Haringey and Barnet having lowest diagnosis rates

Rate of dementia diagnosis, estimated % of people aged 65+ with dementia who have a diagnosis with appropriate post-diagnostic support, NCL boroughs, 2019 and 2020

Barnet and Enfield both have higher proportions of older residents. However, Barnet has lower dementia diagnosis rates than Enfield, likely because **Enfield also has a primary care diagnostic offer**



National target: 66.7%

All boroughs have seen diagnosis rates decrease during 2020, likely as a result of Covid-19. This means there may be additional pressure from a backlog of patients with unmet needs.

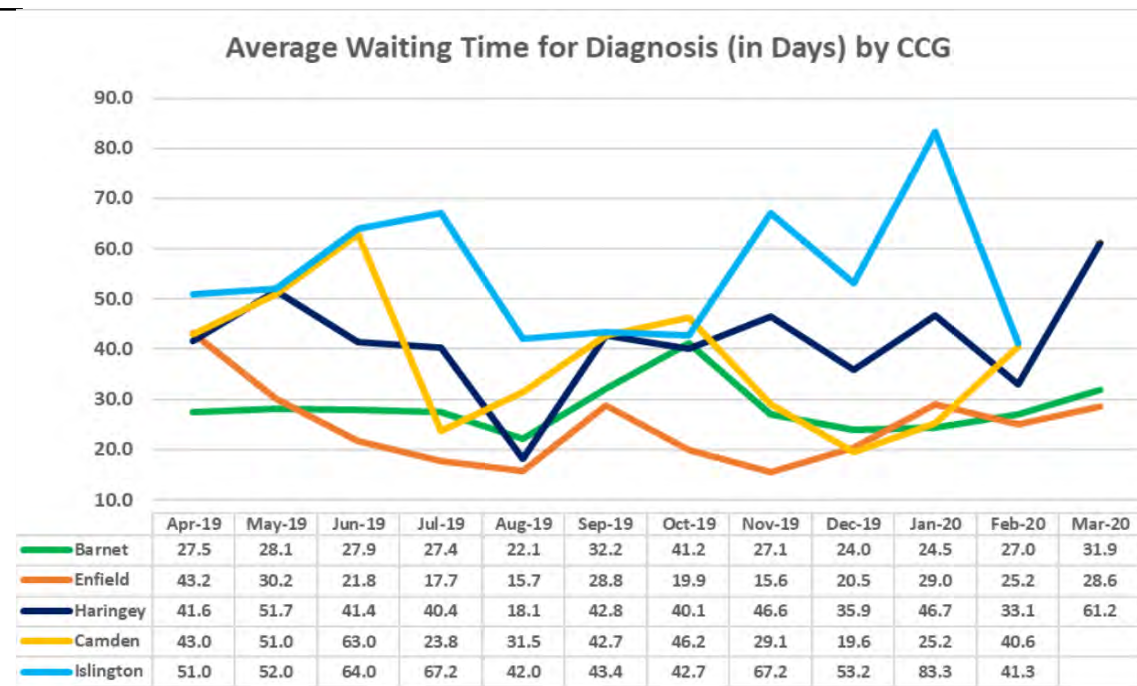
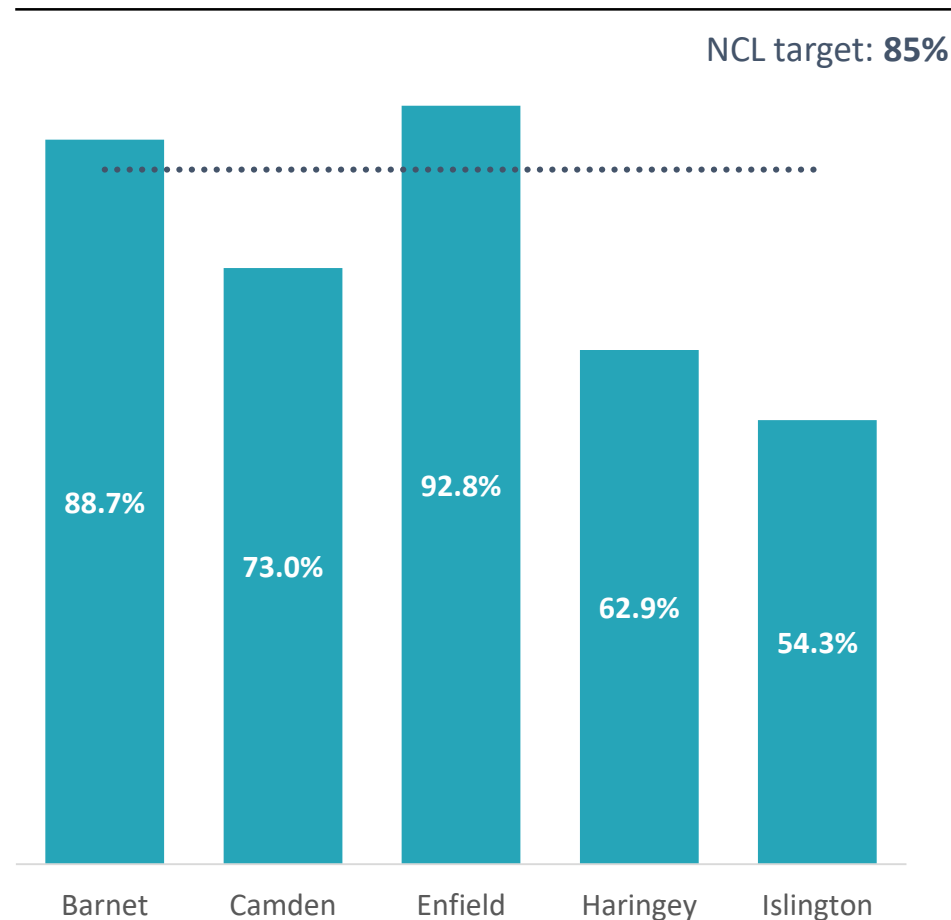
Having a formal diagnosis enables care needs to be assessed, appropriate treatment to be delivered and planning for the future (NICE).

| Borough | Number of people aged 65+ diagnosed with dementia (19/20) | Number of people aged 65+ un-diagnosed (estimate 2019/20) |
|-----------|---|---|
| Barnet | 2,721 | 956 |
| Camden | 1,302 | 113 |
| Enfield | 1,718 | 212 |
| Haringey | 1,200 | 565 |
| Islington | 1,119 | 124 |

Source: NCL quality and data packs, PHE Fingertips, CF analysis

Although dementia diagnoses rates are above target, waiting times for memory services are long in some boroughs, particularly in Islington

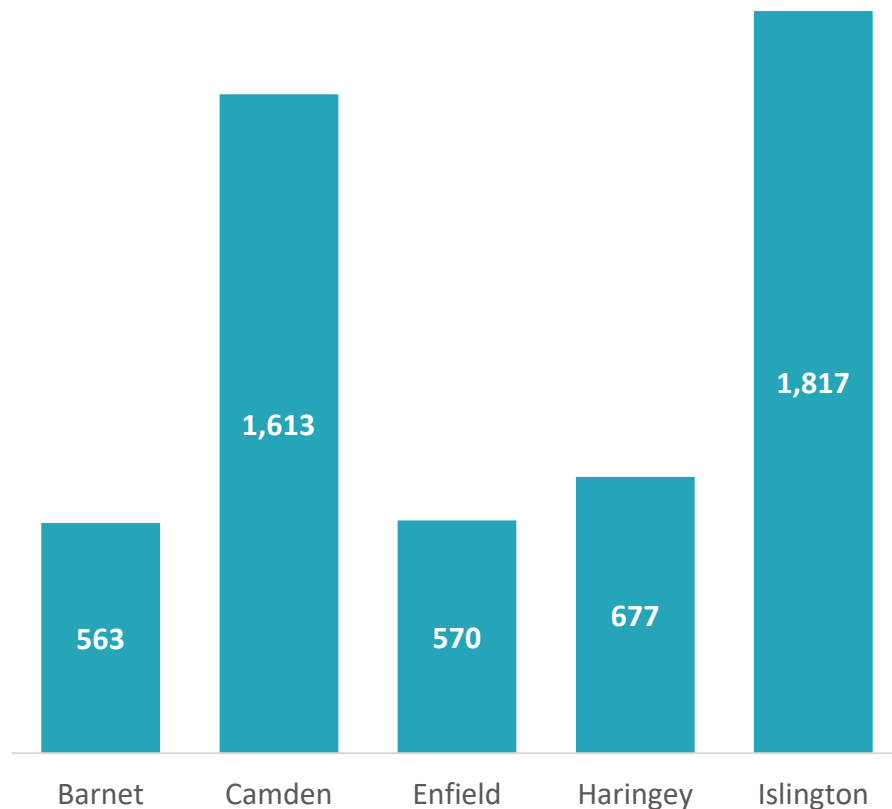
Memory Services Referral to Diagnosis Waiting Time, average percentage of patients seen within 6 weeks, 2019/20



Source: NCL Mental Health Report Quality and Data Packs (2019-21)

Camden and Islington residents over 65 have twice the number of memory service contacts compared to the other boroughs, suggesting offers differ by borough

Memory Services attended contacts, per 10,000 CCG population aged 65+, 2019/20



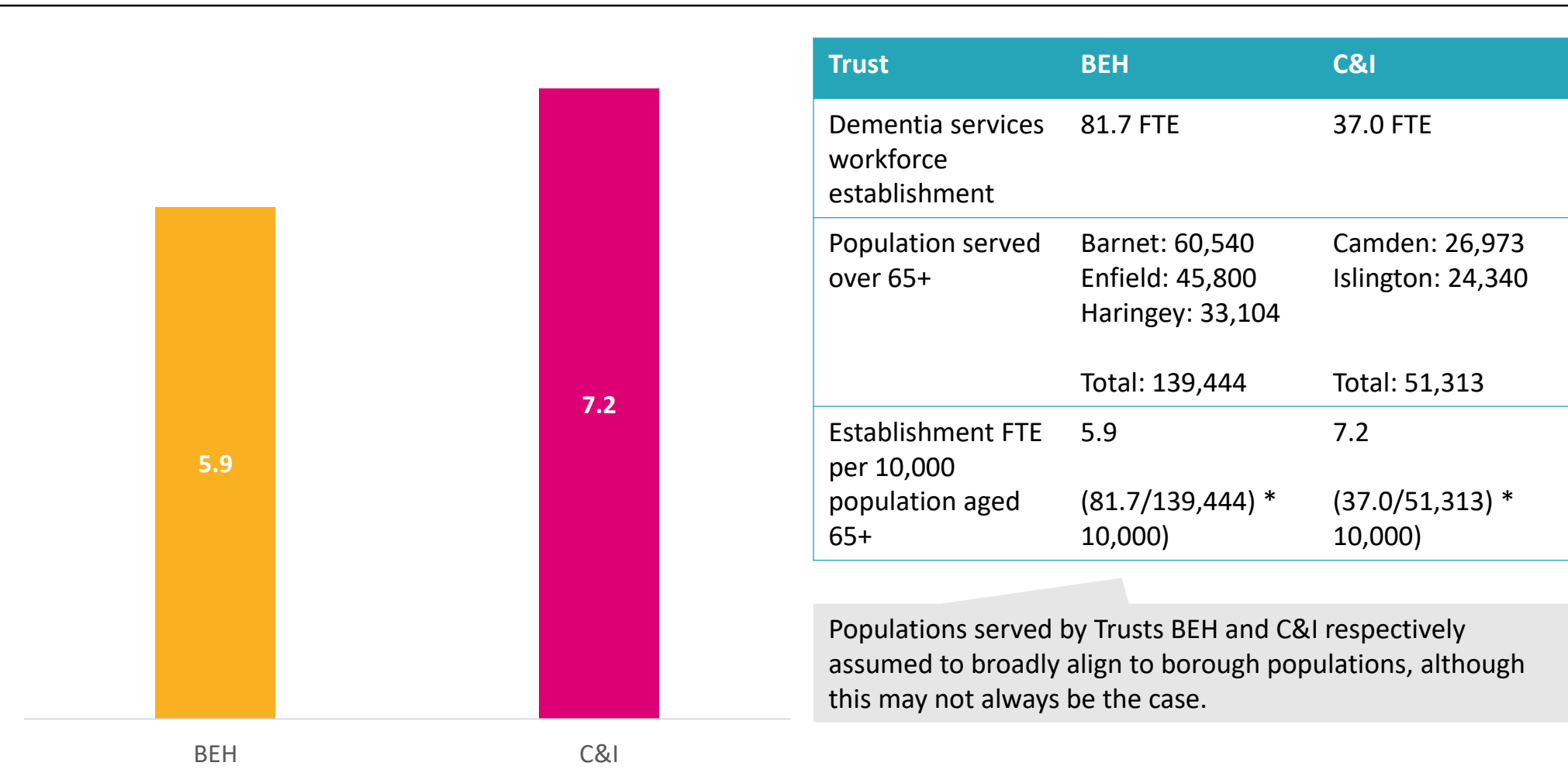
C&I do not discharge patients from their memory services once referred. There is a whole-life model, and patients are routinely followed up at 6 months. In C&I cognitive stimulation therapy and Strategies for Relatives are routinely offered

BEH memory services are diagnostic only and initiate medication. Patients are then discharged to the care of their GP. Any further referral and therefore contact are seen under care of CMHTs.

Source: NHS MHSDS monthly statistics, CF analysis

Camden and Islington have a higher number of dementia services workforce per head than Barnet, Enfield and Haringey

Dementia services workforce, budgeted establishment FTE per 10,000 population aged 65+, 2021



Source: NCL provider workforce returns 2021 to NEL CSU, NHSD GP practice registered population 2021

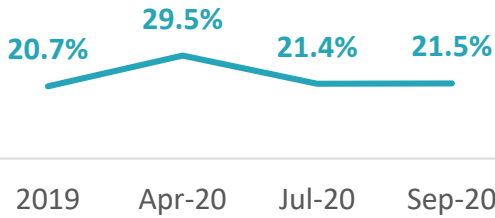
Impact of Covid-19

Key messages – Impact of Covid-19

- The Covid-19 pandemic had a short-term impact on worsening mental health and wellbeing during lockdowns, and there are also likely to be longer-term impacts
- The number of people experiencing mental health problems increased during the pandemic, particularly during April 2020
- There are also likely to be longer-term impacts on people's mental health, for example for people who have been treated in critical care, healthcare workers, people who have experienced bereavement, and people who have experienced financial difficulties.
- There is evidence that the pandemic has widened inequalities, with a greater impact on the mental health of BAME groups.
- The number of people in contact with mental health services also dropped during the pandemic, suggesting there may also be a backlog of need for support
- Children's and Young People's mental health has also been affected by the pandemic, with CYP less likely to have sought help and feeling that the pandemic is likely to have a negative effect on their mental wellbeing; for those who have been referred to services, there is evidence that in some areas (eg. eating disorder services), waiting times have increased

The Covid-19 pandemic had a short-term impact on worsening mental health and wellbeing during lockdowns, and there are also likely to be longer-term impacts

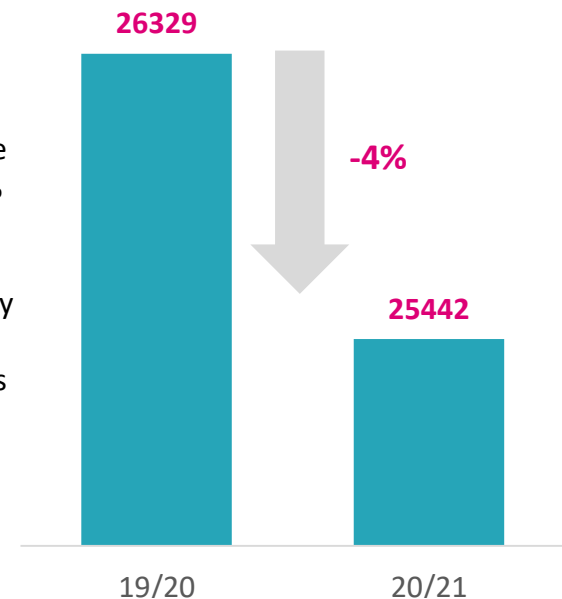
Short term impacts on mental health during the pandemic

- Average mental distress was **8.1%** higher in April 2020
 - The proportion of adults reporting a clinically significant level of psychological distress increased from 20.7% in 2019 to **29.5%** in April 2020
- 
- | Year | Proportion of adults reporting a clinically significant level of psychological distress (%) |
|--------|---|
| 2019 | 20.7% |
| Apr-20 | 29.5% |
| Jul-20 | 21.4% |
| Sep-20 | 21.5% |
- Studies have found that experiences such as Covid-19 illness, financial difficulties or difficulty accessing food and medicine had an **impact on mental health and wellbeing, particularly for those in a lower socioeconomic position**
 - Mental health of **people with LTCs** may have been impacted during the pandemic due to **anxiety about catching COVID-19, shielding/isolation, experience of healthcare** during the pandemic and **uncertainty about the future**

There are also likely to be longer-term implications for mental health

- Studies of survivors of previous epidemics suggest these individuals may experience **longer-term symptoms of depression, anxiety and PTSD**
- A 2019 study suggested that **20% of critical care patients suffer significant symptoms of PTSD** 12 months post discharge
- The circumstances of the pandemic may increase complex reactions to **grief and bereavement**
- **Healthcare workers** have experienced unprecedented strain and are likely to need increased support. A recent BMA survey of 6,000 doctors found 44% described experiencing depression, anxiety, stress and burnout relating to their work
- **Financial difficulties** could lead to an increase in people experiencing mental health problems; Research on the 2008-10 recession showed that each 10% increase in the number of unemployed men was associated with a 1.4% increase in male suicides.
- **The pandemic has widened health inequalities;** a survey of 14,000 adults conducted by Mind found that existing inequalities including housing, employment and finances have had a **greater impact on the mental health of BAME groups** during the pandemic
- The number of **people in NCL in contact with mental health services dropped during the pandemic.** This suggests there is a **backlog** of need

Number of adults in contact with NCL CCG Mental Health Services, monthly average , 2019/20 vs. 2020/21



Source: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>, https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf, <https://www.mentalhealth.org.uk/sites/default/files/MHF%20The%20COVID-19%20Pandemic%201.pdf>

It is estimated that as a result of the pandemic there will be a 67.4% increase in moderate/severe anxiety in adults with pre-existing MH conditions

Predicted increase in adult mental health conditions, by population group based on research. Centre For Mental Health, Covid-19 Forecast Modelling Toolkit

| Population group | Mental health condition | Research determined increase |
|---|--------------------------------|------------------------------|
| General population without pre-existing mental health conditions | Moderate severe anxiety | 16.3% |
| | Moderate severe depression | 22.3% |
| People with pre-existing mental health conditions | Moderate severe anxiety | 67.4% |
| | Moderate severe depression | 56.3% |
| Healthcare workers | Burnout | 30.4% |
| | Post traumatic distress | 13.8% |
| | High psychological distress | 44.9% |
| People recovering from severe Covid-19 | Anxiety (38%-44%) | 41.0% |
| | Depression (26-33%) | 29.5% |
| | PTSD (22-24%) | 23.0% |
| Adult family members of those recovering from severe Covid-19 | Anxiety (15-23%) | 19.5% |
| | Depression | 6.0% |
| | Post traumatic stress disorder | 35.0% |
| Bereaved people | Prolonged grief disorder | 9.8% |
| | Post traumatic stress disorder | 14.0% |
| | Depressive symptoms | 18.4% |
| People economically affected by Covid-19 | Major depression | 8.2% |

Source: <https://www.centreformentalhealth.org.uk/covid-19-forecast-modelling-toolkit>

National surveys show that the COVID-19 pandemic has had an overall negative impact on C&YP's mental health and access to services

Young minds COVID-19 January 2021 survey:

67% believed that the pandemic will have a long-term negative effect on their mental health

(2,438 young people aged between 13-25, who have previously looked for MH support)

England's Mental Health of Children and Young People Survey (MHCYP):

44.6% of 17–22 year olds with probable mental health problems reported not seeking help because of the pandemic.

England's Mental Health of Children and Young People Survey (MHCYP):

Probable mental health conditions increased from 10.8% in 2017 to 16% in July 2020 (across all age, sex and ethnic groups)

Royal College of Psychiatrists' briefing: analysis of second COVID-19 RCPsych member survey:

Clinicians raised concerns about timely access to Mental Health services, and a sharp decrease in Child and Adolescent Mental Health Services referrals

Sources: <https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/>, NHS Digital https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf, *BMJ* 2021;372:n614, Child mental health in England before and during the COVID-19 lockdown, *The Lancet*, Jan 2021

Estimates suggest there will be a 33.75% increase in depression in CYP experiencing quarantine and social isolation

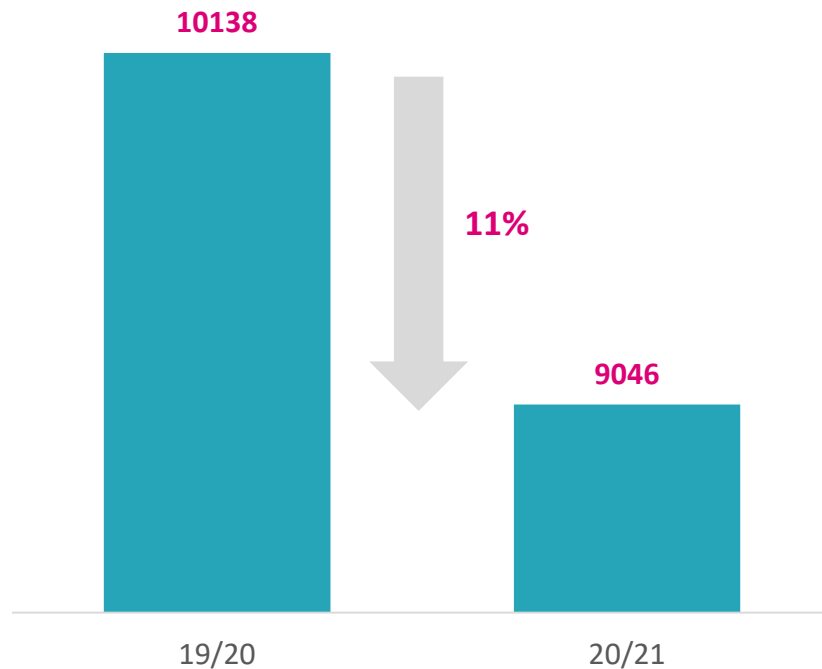
Predicted increase in CYP mental health conditions, by population group based on research. Centre For Mental Health, Covid-19 Forecast Modelling Toolkit

| Population group | Mental health condition | Research determined increase |
|---|---|------------------------------|
| Children and Young People General population | Post traumatic stress disorder (Range 4.7%-22.9%) | 5.6% |
| | Depression (1.6%-44.8%) | 19.5% |
| Children and young people experiencing quarantine and social isolation | Depression (10.1% - 81.8%) | 33.75% |
| | Anxiety (4.2%- 32.3%) | 6.85% |
| | Post traumatic stress disorder | 26.5% |
| Bereaved children | Internalising disorder (anxiety and depression) | 14.4% |
| | Post traumatic stress disorder | 6.5% |
| Children who are recovering from severe Covid-19 | Post traumatic stress disorder (5%-28.5%) | 8.25% |

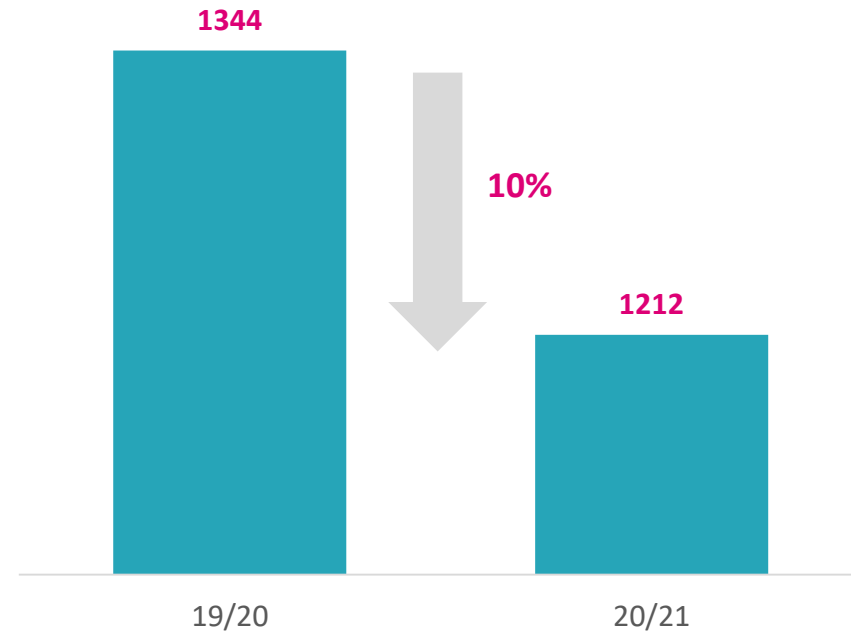
Source: <https://www.centreformentalhealth.org.uk/covid-19-forecast-modelling-toolkit>

In NCL, there have been fewer referrals during COVID to MH services and fewer contacts for C&YP, indicating that there is a backlog of need

Number of C&YP in contact with NCL CCG Mental Health Services, monthly average , 2019-20 vs. 2020/21



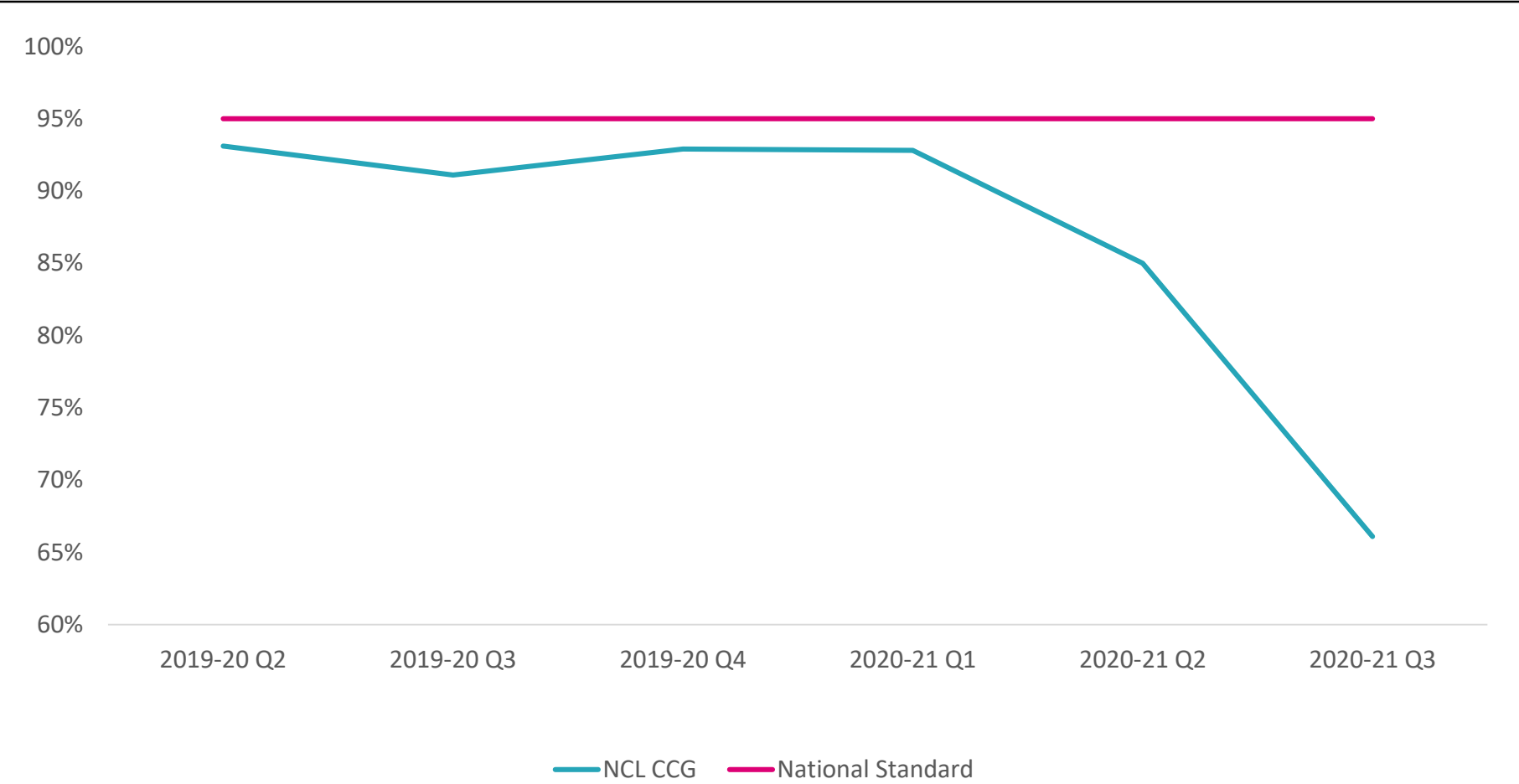
Number of referrals received by NCL CCG Mental Health Services, monthly average , 2019-20 vs. 2020/21



Source: NCL Mental Health Report Quality and Data Packs (2019-21),

There have also been increased waiting times for C&YP needing routine appointments for eating disorders, particularly during Q3 of 2020-21

Percentage of CYP with eating disorders seen within 4 weeks (routine), 2019-20 compared to 2020-21



Source: NCL Mental Health Report Quality and Data Packs (2019-21)

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During the interviews, stakeholders described their desired outcomes from the strategic review

| | | |
|----------------------------|--|--|
| Population health focus | <ul style="list-style-type: none"> Redesign the core offer around service users, and population needs as a method to improve outcomes | "A population health and pathway-based approach" |
| Target the most vulnerable | <ul style="list-style-type: none"> Prioritise underserved communities (geographic, ethnicity, age) e.g. BAME, technological gaps (esp. elderly), areas with deprivation. CAMHS, neurodevelopmental and IAPT need more standardisation Consider 18-25 services – learning from Camden Mind the Gap service Complex patients with comorbidities need to provide holistic support Support the sickest – psychosis, severe depression, personality disorders | "Mental health services need to take much more of a social approach- if we better supported social needs- employment, housing- would have less people in mental health beds- need for more focus on early intervention- need to redistribute funding " |
| Transform services | <ul style="list-style-type: none"> Digital could play a much bigger role in supporting both adults and children Acute SEMI services can be less bed focused – desire to shorten LOS | |
| Integrate care | <ul style="list-style-type: none"> Develop integrated services in community e.g VCS, employment support, housing and specialist mental health – one stop shops Mental health providers to work more collaboratively with primary care to support physical health needs of SEMI patient | |
| Reduce inequality | <ul style="list-style-type: none"> Reduce unequal outcomes, access to services or experience both for different geographies and population groups Funding needs to be appropriately distributed across the user populations | "Massive opportunities in NCL because of the nature of the amazing institutions that should be at the forefront of driving change" |
| Use expertise | <ul style="list-style-type: none"> NCL has some leading resources in academic and third sector organisations with national/international profiles that could be engaged with as a partner Expertise could support to pilot new programmes, accelerate innovation or test and develop research | |
| Build on work to date | <ul style="list-style-type: none"> Lots of work has been put in to develop plans, using co-production, with ownership identified for specific actions. These efforts should be built on rather than unravelled. This review is a chance to capitalise on and accelerate that. | "Good track record of working together in mental health during Covid- don't want to lose this" |

During the baseline workshop, attendees reflected on four key areas to tackle health inequalities, crisis presentation and develop system working

Address health inequalities

- Attendees recognised that there are significant health inequalities and inequities across NCL, in terms of the mental health service offer, waiting times and access to services, particularly for BAME groups
- There is a gap between need and provision, which is driven in part by fragmented services and historic underfunding in some areas
- This leads to inequalities in clinical outcomes for individuals with mental health conditions

Shift to prevention and earlier intervention

- Many expressed the view that community support and prevention should be emphasised
- There is currently too much focus on crisis response, this focus should be shifted to earlier intervention (including safeguarding), particularly for the most vulnerable communities
- There should also be a wider focus on proactive education and wider determinants (social care, housing, employment, etc.)
- VCS and grassroots organisations should be better supported to provide their communities with the support they need

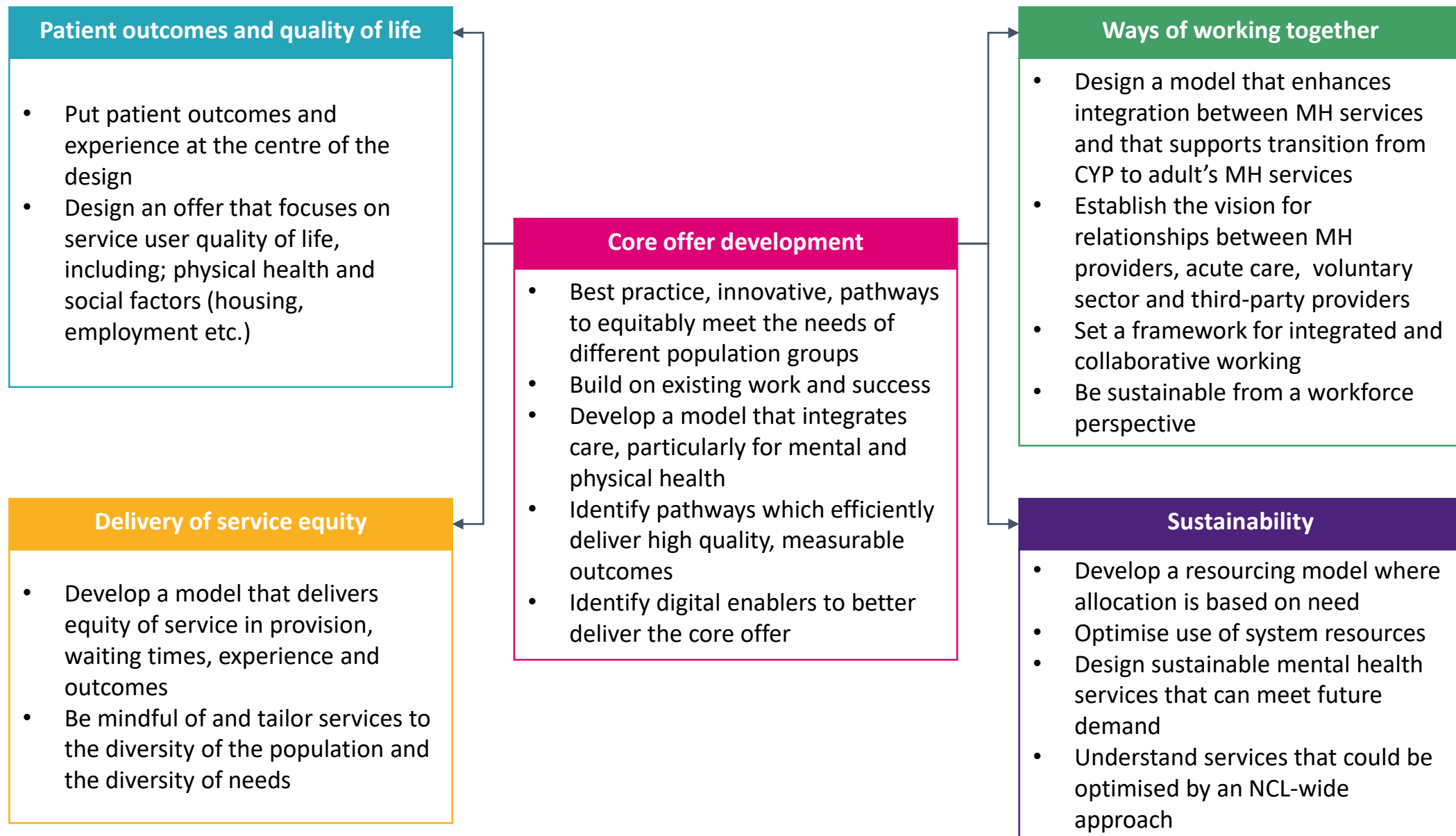
Further develop relationships and integrated working

- Attendees reflected that existing integrated models of care should be built on and expanded
- It was recognised that there are effective relationships and partnerships with voluntary sector, acute and third sector providers, but these should be further developed
- More integrated care should be delivered through multidisciplinary teams and there should be a focus on better integration between mental and physical health
- Good relationships and integration are key to delivering both transformation and the best care and outcomes

Focus on outcomes

- Currently there is not enough focus on outcomes and there is inequity in outcomes
- Many agreed that clinical outcome measures should be defined, agreed and measured
- There should be a shift to focus on outcomes; pathways that are built around service users rather than organisations

Attendees further reflected how the design of the core offer should deliver transformation to address the case for change



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Next steps

This report will be the basis of the case for change around which the NCL system is aligned in order to develop a new 'core offer' for mental health services and to implement transformation.

The next phase of this review will co-develop a shared outcomes framework to track performance going forwards.

Clinical and operational stakeholders from across NCL organisations will come together through a series of workshops and deep-dive sessions to co-design a new core offer for mental health services in NCL which will deliver the desired outcomes.

Finally, a transition plan will be developed to set out how the core offer will be implemented in the medium to long term.

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Service mapping

Service mapping – Services by borough and by provider

| Mental health service | Barnet | | Camden | | Enfield | | Haringey | | Islington | | | | | | | | |
|--|--|-----|--------|-----|---------|-----|----------|-----|-----------|-----------|------------|-----|-----|-----|-----|-----|-----|
| CAMHS 1-3 | BEH | T&P | T&P | | BEH | T&P | BEH | T&P | WH | T&P | | | | | | | |
| CAMHS 4 | BEH (Beacon Centre – Barnet)*, WH (Simmons House - Haringey) | | | | | | | | | | | | | | | | |
| Eating disorder outpatient (children's – 0-17) | RFL | | | | | | | | | | | | | | | | |
| Eating disorder outpatient (adult) | BEH | | | | | | | | | | | | | | | | |
| Eating disorder inpatient | BEH (St Ann’s Iris Ward, Beacon Centre (step down)) | | | | | | | | | | | | | | | | |
| Other CYP | BEH | T&P | RFL | T&P | BEH | T&P | BEH | T&P | T&P | | | | | | | | |
| IAPT** | BEH | | C&I | T&P | IESO | BEH | | WH | | C&I | IESO | | | | | | |
| EIS | BEH | | C&I | | T&P | BEH | | BEH | | C&I (18+) | WH (14-17) | | | | | | |
| Perinatal*** | C&I, | BEH | RFL | C&I | RFL | T&P | C&I | BEH | RFL | T&P | C&, | BEH | RFL | T&P | C&I | RFL | T&P |
| Crisis**** | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |
| Acute liaison***** | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |
| Community support | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |
| Beds for high complexity service users | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |
| Complex adults psychotherapy service | T&P | | | | | | | | | | | | | | | | |
| Urgent advice line | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |
| Outreach | BEH | | C&I | | BEH | BEH | | | BEH | | | C&I | | BEH | | | |
| Place of safety***** | BEH | | C&I | | | BEH | | | BEH | | | C&I | | | | | |

Key

BEH

C&I

T&P

WH

RFL

Other / mixed

Not identified or not provided

| Key | |
|-----|--------------------------------|
| | BEH |
| | C&I |
| | T&P |
| | WH |
| | RFL |
| | Other / mixed |
| | Not identified or not provided |

* wider than just NCL, but provides for NEL as well

** IAPT also commissions many VCS providers as well not covered here

*** C&I are collaborative lead – there is a nuance between community and maternal in acutes

**** this is provided at trust rather than borough level. C&I CRTs are borough based. The CSPA function is cross borough.

***** there are plans to make this more fluid between acutes. MHCAS & Liaison are provided as a single offer to 3 Acute Trusts across the C&I patch. NB: Ward Based Liaison continues to be provided by consistent Liaison Psychiatrists.

***** there is no crosscharge for this

Service mapping – Services by borough and by provider (further detail 1/3)

| Mental health service | Barnet | Camden | Enfield | Haringey | Islington | Key |
|-----------------------|---|--|--|---|---|---|
| CAMHS | Barnet CAMHS (BEH) <ul style="list-style-type: none"> CAMHS Access and Generic Team Looked after children /adoption services Barnet Adolescent service CAMHS in specialist schools Schools project Service for Children and Adolescents with Neurodevelopmental disorders Paediatric liaison with acute hospital | Camnden CAMHS (T&P) <ul style="list-style-type: none"> Child and Young Person Mental Health Service Camden CAMHS Early Intervention Services Camden MOSAIC Tavistock outreach in primary schools Young people's consultation service Adolescent and young adult service Autistic Spectrum Conditions & Learning Disabilities Team Forensic CAMHS | Enfield CAMHS (BEH) <ul style="list-style-type: none"> CAMHS Access and Generic Team Children's Centres Therapeutic Team (<5s) Looked after children services (Health, Education, Access and Resource Team) Service for Adolescents and Families in Enfield Service for Children and Adolescents with Neurodevelopmental disorders | Haringey CAMHS (BEH) <ul style="list-style-type: none"> CAMHS Access and Generic Team Health and Emotional Wellbeing early intervention service CHOICES supports CYP with issues that can impact emotionally Adolescent service Adolescent Outreach Team Mental Health service – LD | Islington CAMHS (WH) <ul style="list-style-type: none"> Growing together (<5s) Early Years Service Children Looked after Children's Wellbeing Practitioner team Priority one team (rapid response) Adolescent Outreach Team Schools wellbeing service Schools Team CAMHS in PRU Neurodevelopment | BEH C&I T&P WH RFL Other / mixed X Not identified or not provided |
| | Barnet CAMHS (T&P) <ul style="list-style-type: none"> Family Mental Health Teams CAMHS Young people's consultation service Adolescent and young adult service Autistic Spectrum Conditions & Learning Disabilities Team Fostering adoption and kinship care Forensic CAMHS | | Enfield CAMHS (T&P) <ul style="list-style-type: none"> Family Mental Health Teams CAMHS Autistic Spectrum Conditions & Learning Disabilities Team Fostering adoption and kinship care Forensic CAMHS | Haringey CAMHS (T&P) <ul style="list-style-type: none"> Family Mental Health Teams CAMHS First step (looked after children) Adolescent and young adult service Autistic Spectrum Conditions & Learning Disabilities Team Fostering adoption and kinship care Forensic CAMHS | Islington CAMHS (T&P) <ul style="list-style-type: none"> Family Mental Health Teams CAMHS Adolescent and young adult service Autistic Spectrum Conditions & Learning Disabilities Team Fostering adoption and kinship care Forensic CAMHS | |
| | Eating disorder outpatient services (RFL) | Eating disorder outpatient services (RFL) | Eating disorder outpatient services (RFL) | Eating disorder outpatient services (RFL) | Eating disorder outpatient services (RFL) | |
| | | Transition services (C&I) Camden Minding the Gap | | | Transition services (C&I) Islington Transitions Meeting | |
| | Inpatient services (BEH) | Inpatient services (BEH) | Inpatient services (BEH) | Inpatient services (BEH) | Inpatient services (BEH) | |

Service mapping – Services by borough and by provider (further detail 2/3)

| Mental health service | Barnet | Camden | Enfield | Haringey | Islington | Key |
|------------------------------------|--|---|--|--|---|---------------|
| Eating Disorder Service | Eating Disorders Service (BEH) | Eating Disorders Service (BEH) | Eating Disorders Service (BEH) | Eating Disorders Service (BEH) | Eating Disorders Service (BEH) | BEH |
| IAPT | Barnet IAPT (BEH) | Camden IAPT (C&I) <ul style="list-style-type: none"> Camden parents' wellbeing service iCope psychological therapies service Complex depression, anxiety and trauma service (CDAT) | Enfield IAPT (BEH) | Haringey IAPT (WH) | Islington IAPT (C&I) <ul style="list-style-type: none"> iCope psychological therapies service Complex depression, anxiety and trauma service (CDAT) | C&I |
| Early Intervention Services | Barnet Early Intervention Service (BEH) | Camden Early Intervention Service (C&I) | Enfield Early Intervention Service (BEH) | Haringey Early Intervention Service (BEH) | Islington Early Intervention Service (C&I) | Other / mixed |
| Perinatal | North London Partners Specialist Perinatal Mental Health Service (C&I, BEH, RFL) | North London Partners Specialist Perinatal Mental Health Service (C&I, BEH, RFL) | North London Partners Specialist Perinatal Mental Health Service (C&I, BEH, RFL) | North London Partners Specialist Perinatal Mental Health Service (C&I, BEH, RFL) | North London Partners Specialist Perinatal Mental Health Service (C&I, BEH, RFL) | RFL |
| Crisis | <ul style="list-style-type: none"> Barnet Crisis resolution and home treatment team (BEH) Crisis telephone service Crisis prevention house - Barnet | <ul style="list-style-type: none"> Crisis line Crisis house Crisis team Home Treatment Team for older people | <ul style="list-style-type: none"> Enfield Crisis resolution and home treatment team Crisis telephone service Crisis prevention house - Enfield | <ul style="list-style-type: none"> Haringey Crisis resolution and home treatment team Crisis telephone service Crisis prevention house - Haringey | <ul style="list-style-type: none"> Crisis line Crisis house Crisis team Home Treatment Team for older people | Other / mixed |
| Acute liaison | Barnet Hospital liaison team (Barnet Hospital, NMUH) | Psychiatric liaison (RFL, UCLH, WH) | Barnet Hospital liaison team (Barnet Hospital, NMUH) | Psychiatric liaison (RFL, UCLH, WH) | Psychiatric liaison (RFL, UCLH, WH) | Other / mixed |

| Key |
|---|
| BEH |
| C&I |
| T&P |
| WH |
| RFL |
| Other / mixed |
| X Not identified or not provided |

Service mapping – Services by borough and by provider (further detail 3/3)

| Mental health service | Barnet | Camden | Enfield | Haringey | Islington | Key |
|--------------------------|---|---|---|---|---|--|
| Community support | <ul style="list-style-type: none"> Adult Complex needs service Couple's therapy Fitzjohn's Unit Trauma service | <ul style="list-style-type: none"> Adult Complex needs service Couple's therapy Fitzjohn's Unit Trauma service Family drug and alcohol court | <ul style="list-style-type: none"> Adult Complex needs service Couple's therapy Fitzjohn's Unit Trauma service | <ul style="list-style-type: none"> Adult Complex needs service Couple's therapy Fitzjohn's Unit Trauma service Haringey Thinking Space | <ul style="list-style-type: none"> Adult Complex needs service Couple's therapy Fitzjohn's Unit Trauma service | <ul style="list-style-type: none"> BEH C&I T&P WH RFL Other / mixed X Not identified or not provided |
| | <ul style="list-style-type: none"> Barnet Assessment service Locality teams Barnet Psychology hub Barnet Wellbeing service Barnet Intensive Enablement Team Barnet Personality Disorder Team Community Support and recovery team Barnet Barnet Link working team Adult ADHD service Substance misuse services Barnet Older People's CMHT's Memory service Barnet Older Adults Day care service | <ul style="list-style-type: none"> Primary care mental health teams Psychotherapy service Personality disorder service Community Recovery & Rehabilitation Teams Assertive Outreach Team Day centres and support services Intensive support service Intensive rehabilitation service Substance misuse services Focus homeless outreach Traumatic stress clinic CDAT Services for Ageing and mental health Memory service Community recovery service for older people | <ul style="list-style-type: none"> Enfield Assessment service Locality teams Personality Disorder Team Community rehabilitation team Enfield Community Support and recovery team Enfield Adult ADHD service Substance misuse services Enfield Older People's CMHT's Memory service Hawthorn Recovery Unit | <ul style="list-style-type: none"> Locality teams Personality Disorder Team Community rehabilitation team Haringey Adult ADHD service Adult LD service Substance misuse services Haringey Older People's CMHT's Haringey psychology service for older people Memory service Specialist dementia service Hawthorn Recovery Unit | <ul style="list-style-type: none"> Primary care mental health teams Psychotherapy service Personality disorder service Community Recovery & Rehabilitation Teams Assertive Outreach Team Day centres and support services Intensive support service Intensive rehabilitation service Substance misuse services Islington Trauma survivors' service Choice and Control Peer coaching service Traumatic stress clinic CDAT Services for Ageing and mental health Memory service Dementia navigator service Community recovery service for older people | |
| Adult inpatient services | BEH Access and Flow team | C&I | BEH Access and Flow team | BEH Access and Flow team | C&I | |

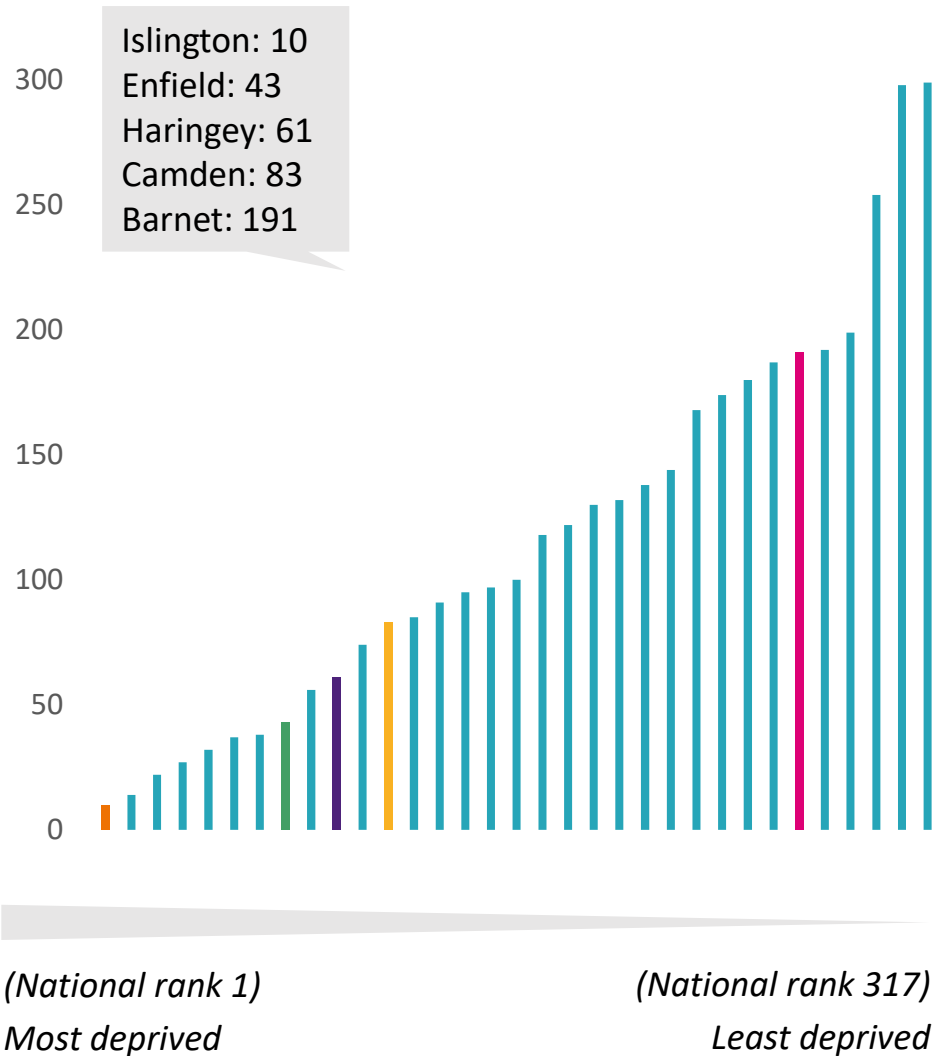
Mapping of third sector provided mental health services across NCL

| Mental health service | Barnet | Camden | Enfield | Haringey | Islington |
|---|---|---|--|--|---|
| Mental Health Employment IPS (Individual placement support) | Twinning Enterprises | Hillside Clubhouse | Working Well Trust | Twinning Enterprises | Hillside Clubhouse |
| IAPT | Mind in Barnet | Mind in Camden iCope | Mind in Enfield | Nafsiyat Intercultural Therapy, Silver Screen | Mind in Islington, iCope, Accept Consortium (Nafsiyat, Maya Centre, CCIWBS), Talk for Health |
| Community Dementia | Age UK Barnet | Camden Carers Service, Alzheimer's Society, Age UK Camden | Age UK | | Alzheimer's society, Age UK Islington |
| Residential nursing, care and supported living | Elmstead, Richmond Fellowship | One Housing Group | | | St Martin of Tours, Peter Bedford Housing Association, Peabody, St Mungo's, Richmond Fellowship |
| Cultural advocacy / resilience network / Care Act Advocacy | POhWER Barnet multilingual wellbeing service | Mind in Camden, Rethink Mental Illness | PohWer | Mind in Haringey, Bridge Renewal Trust, Tempo, POhWER | Islington Welfare Rights Service, Islington Borough User Group, POhWER |
| Deprivation of Liberty | Multiple provider list | | | | |
| Crisis | Barnet MIND | Being procured | Mind in Enfield | Mind in Haringey | Look Ahead, Mind in Islington |
| Peer Mentoring | | Voiceability | | | Talk for Health |
| Social Prescribing | Barnet Wellbeing Hub | MIND (Social Prescribing+) | | | |
| Mental Health Website | | Mind in Camden | | | |
| Suicide Prevention | | The Brandon Centre | | Mind in Haringey, The Brandon Centre, Open Door | The Brandon Centre |
| Same language counselling | Barnet multilingual wellbeing service Barnet refugee service | | | Nafsiyat Intercultural Therapy Centre | |
| Mental health promotion and wellbeing service | | | | Hope for the Young | Manor Gardens Welfare Trust Islington Welfare Rights Service |
| Outreach to hostels / rough sleeper | | New Horizon, Homeless Health | | General Practice | |
| Music / art therapy | | | | | Key Changes, Stuart Low Trust |
| Mental Health Recovery Pathway | | | | | Islington Mind |
| Resident group monitoring service provision | | | | | Islington borough user group |
| CAMHS | Raphael House, Terapia, Young Barnet Foundation, Parenting ADDIS, Kooth, Space2Grow | Fitzrovia Youth In Action, The Brandon Centre, Kooth, Coram families, Catch-22, Strength in horses equine therapy, Anna Freud centre, Camden blossoms | The Brandon Centre, Kooth, Place2Be, Mind in Enfield, Dazu Enfield | Kidstime Haringey shed, Tottenham Hotspur Foundation, Open Door (also works with 18-25s), Hope in Tottenham, Kooth, Silver Screen, More than Mentors, deep:black | The Brandon Centre, Barnardos, Kooth, Mind Connect, Chance UK |

Income deprivation affecting children and older people

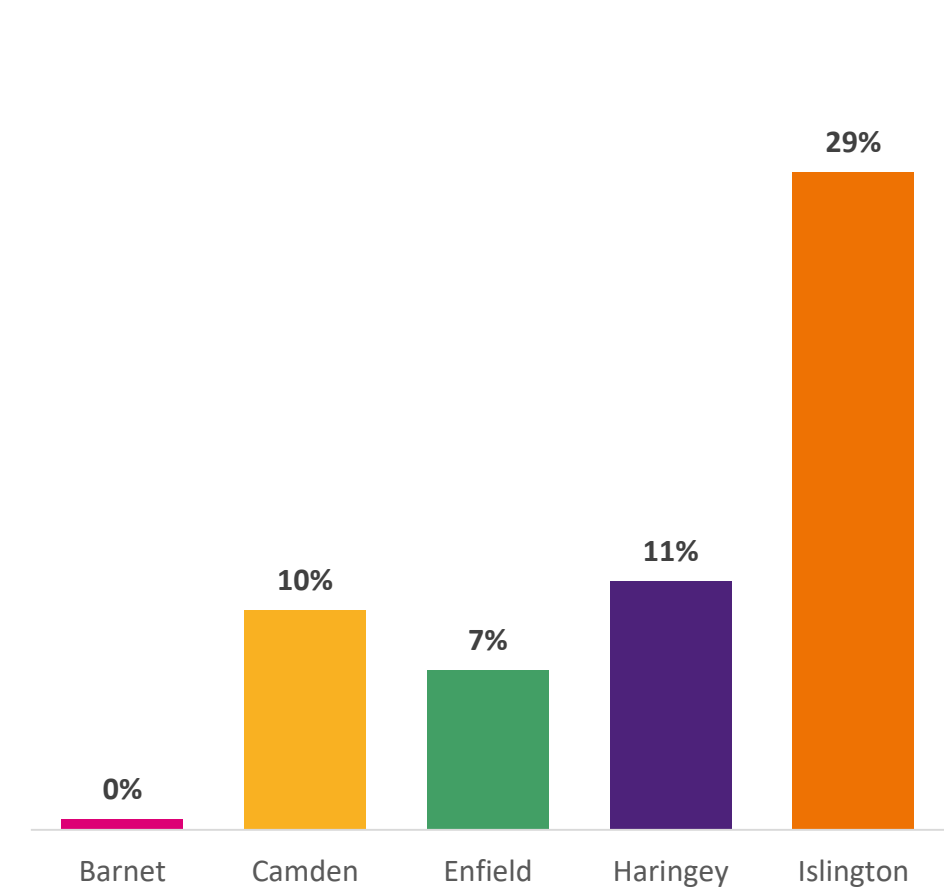
29% of LSOAs in Islington are in the most deprived 10% nationally for income deprivation affecting children

Income deprivation affecting children, rank of average national score, London Local Authority Districts shown, 2019



Source: IMD 2019

Income deprivation affecting children, % of LSOAs in most deprived 10% nationally, NCL boroughs, 2019

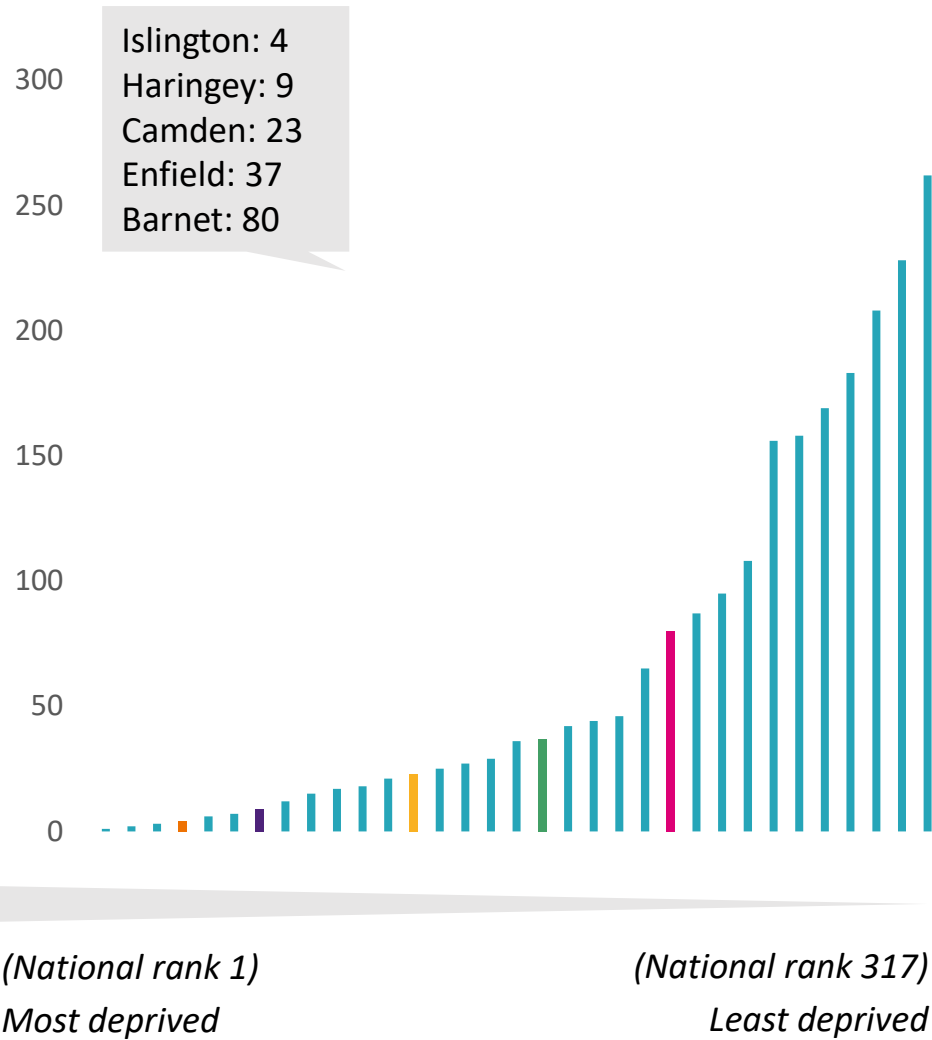


The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families

| | |
|--------|-----------|
| Barnet | Enfield |
| Camden | Haringey |
| | Islington |

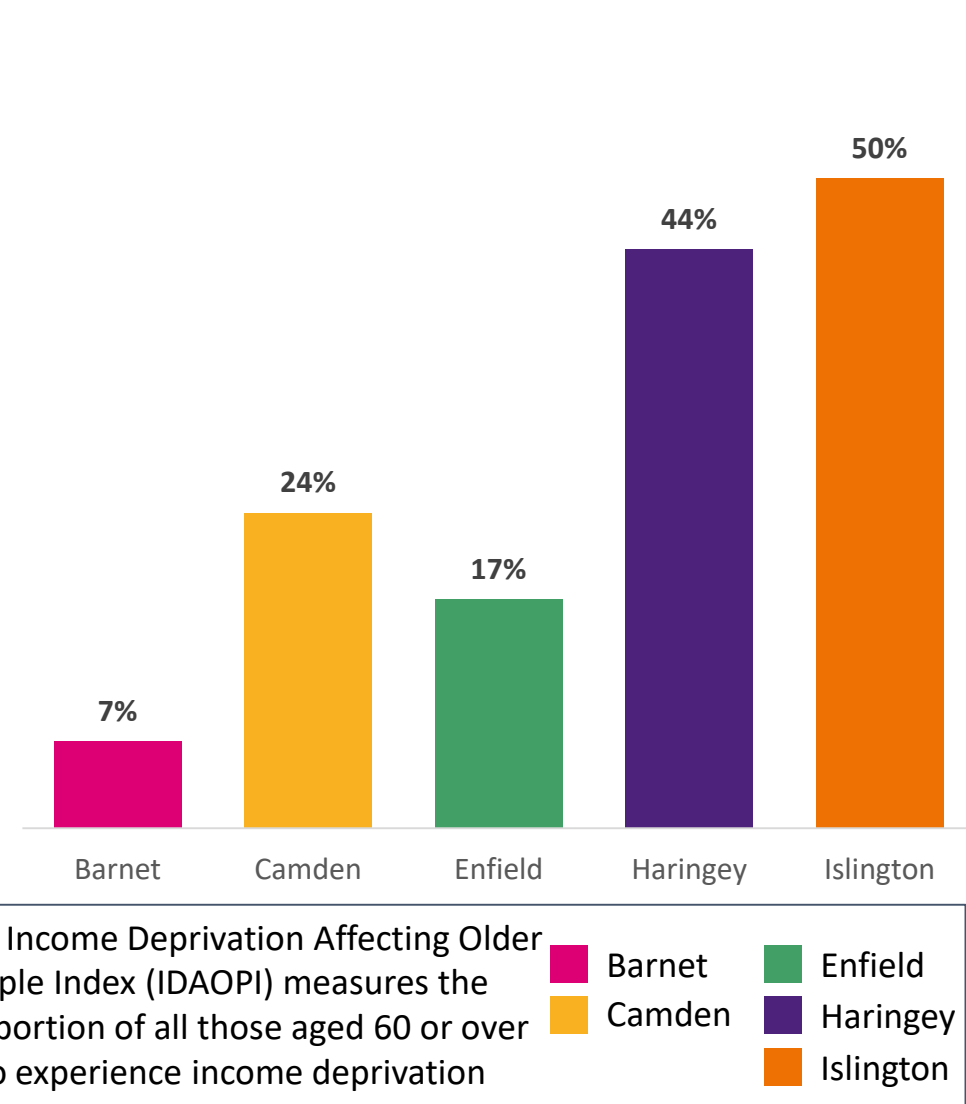
44% and 50% of LSOAs in Haringey and Islington respectively are in the most deprived 10% nationally for income deprivation affecting older people

Income deprivation affecting older people, rank of average national score, London Local Authority Districts shown, 2019



Source: IMD 2019

Income deprivation affecting older people, % of LSOAs in most deprived 10% nationally, NCL boroughs, 2019

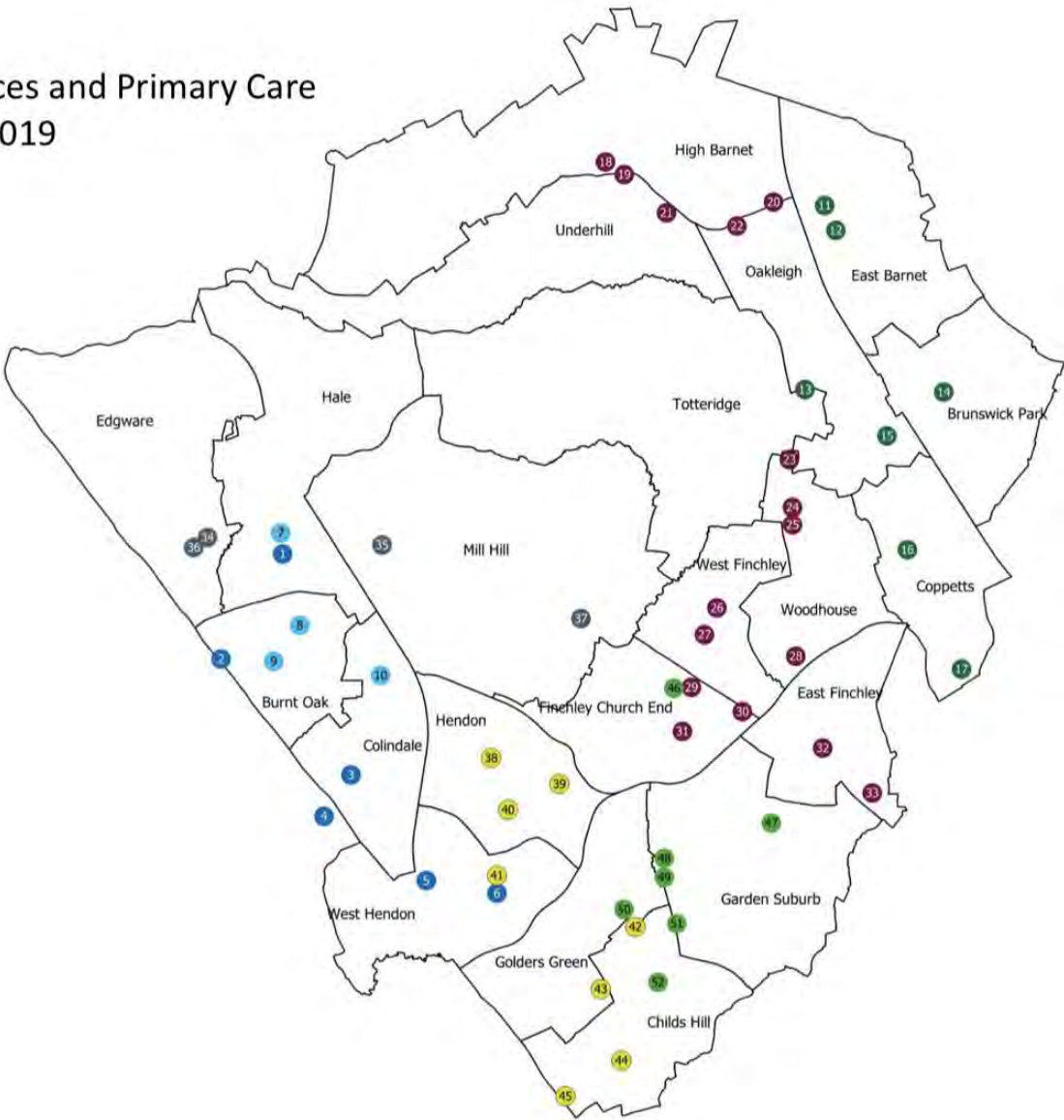


PCN locations

NCL PCN locations (Barnet)

- PCN 1D
- PCN 1W
- PCN 2
- PCN 3
- PCN 4
- PCN 5
- PCN 6

Barnet GP Practices and Primary Care Networks, May 2019

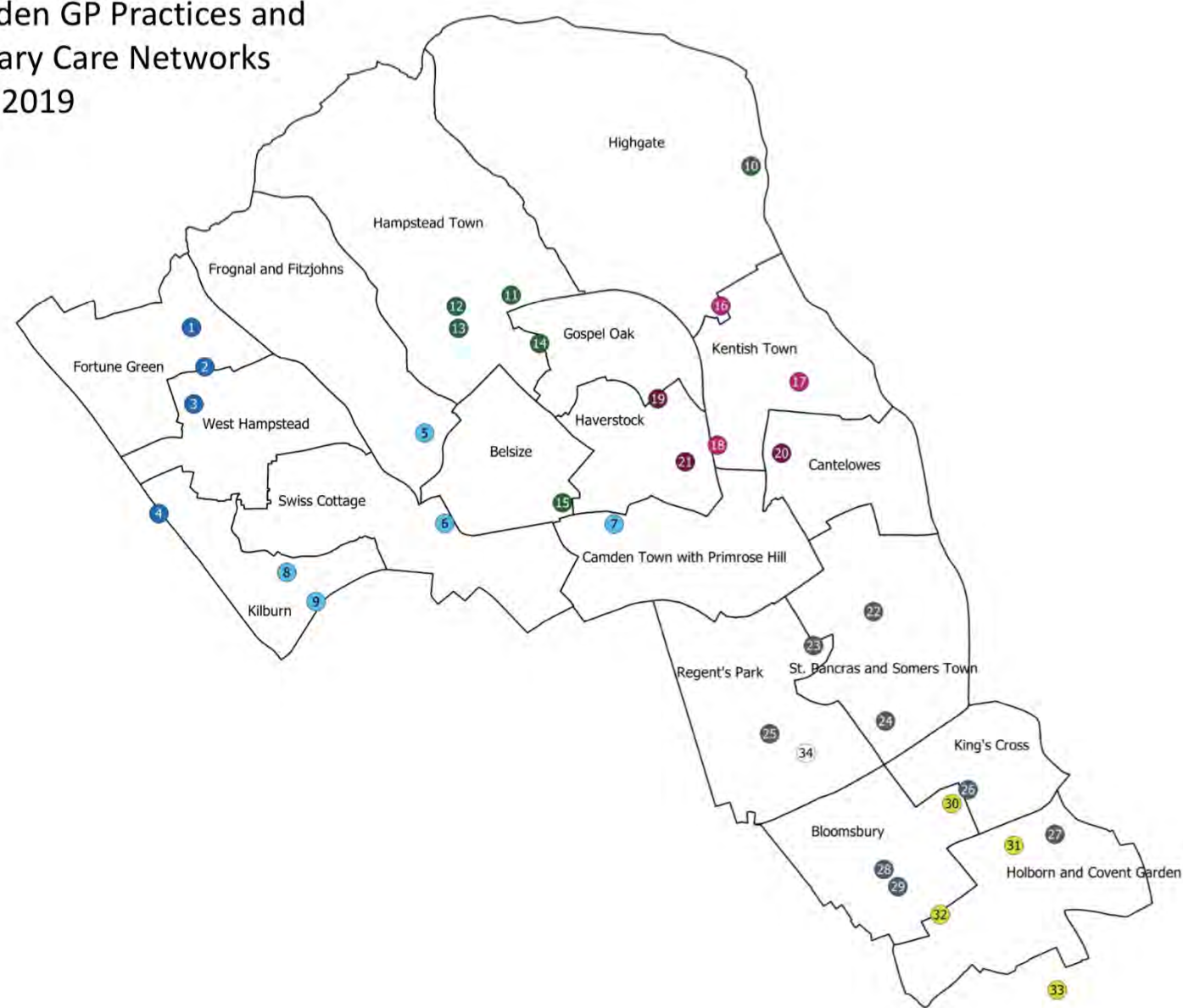


Source: NCL CCG website <https://www.northlondonpartners.org.uk/news/north-central-londons-primary-care-networks-showcased-as-best-practice.htm>

NCL PCN locations (Camden)

- Central Hampstead PCN
- West Camden PCN
- North Camden PCN
- Kentish Town Central PCN
- Kentish Town South PCN
- Central Camden PCN
- South Camden PCN

Camden GP Practices and Primary Care Networks
May 2019

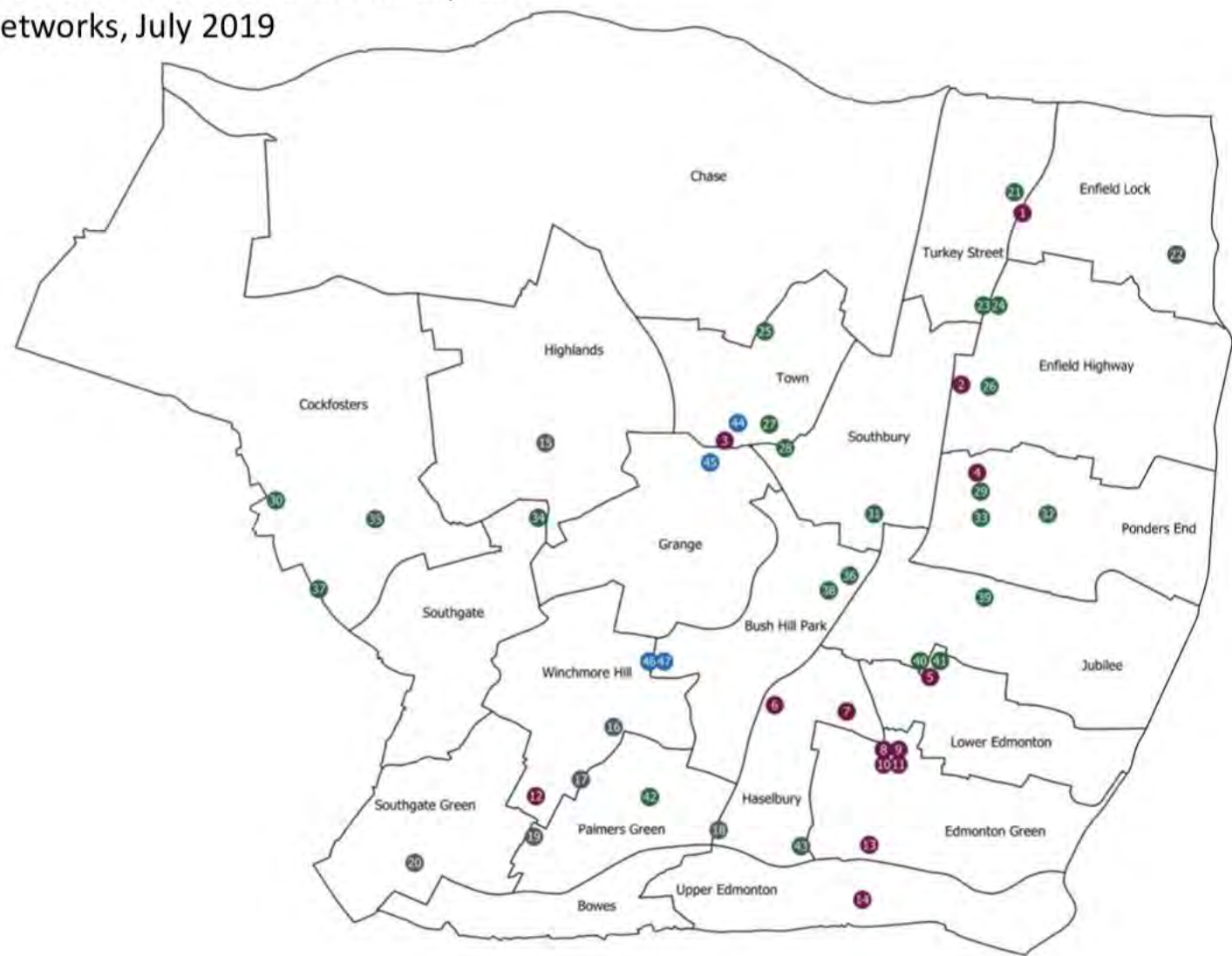


Source: NCL CCG website <https://www.northlondonpartners.org.uk/news/north-central-londons-primary-care-networks-showcased-as-best-practice.htm>

NCL PCN locations (Enfield)

- Enfield South West PCN
- West Enfield Collaborative PCN
- Enfield Unity PCN
- Enfield Care Network PCN

Enfield GP Practices and Primary Care Networks, July 2019

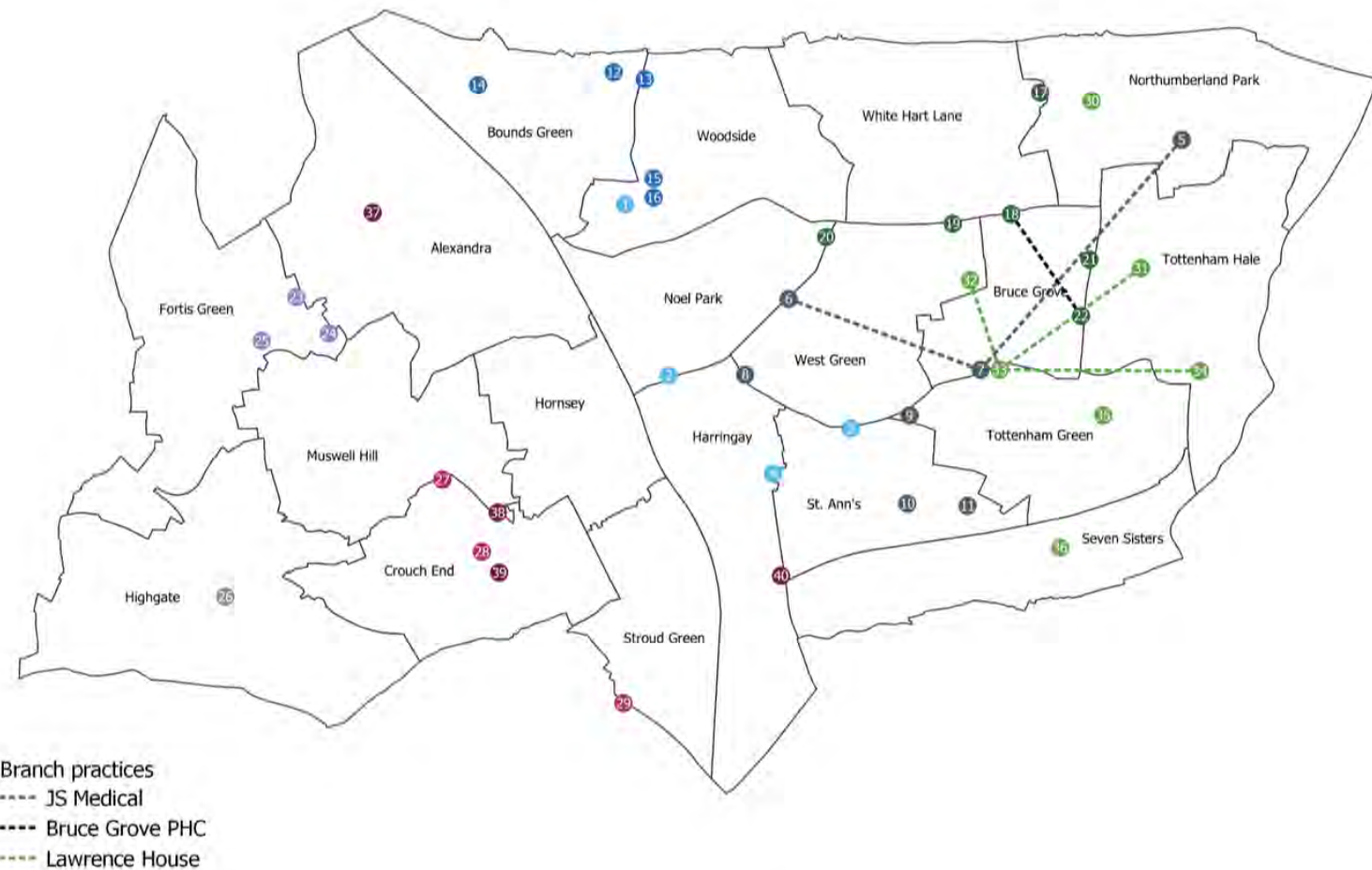


Source: NCL CCG website <https://www.northlondonpartners.Org.uk/news/north-central-london-s-primary-care-networks-showcased-as-best-practice.html>

NCL PCN locations (Haringey)

Haringey GP Practices (with branches),
Primary Care Networks, November 2019

- North West PCN
- South West PCN
- West Central PCN
- East Central PCN
- North Central PCN
- N15/South East PCN
- North East PCN
- Welbourne PCN

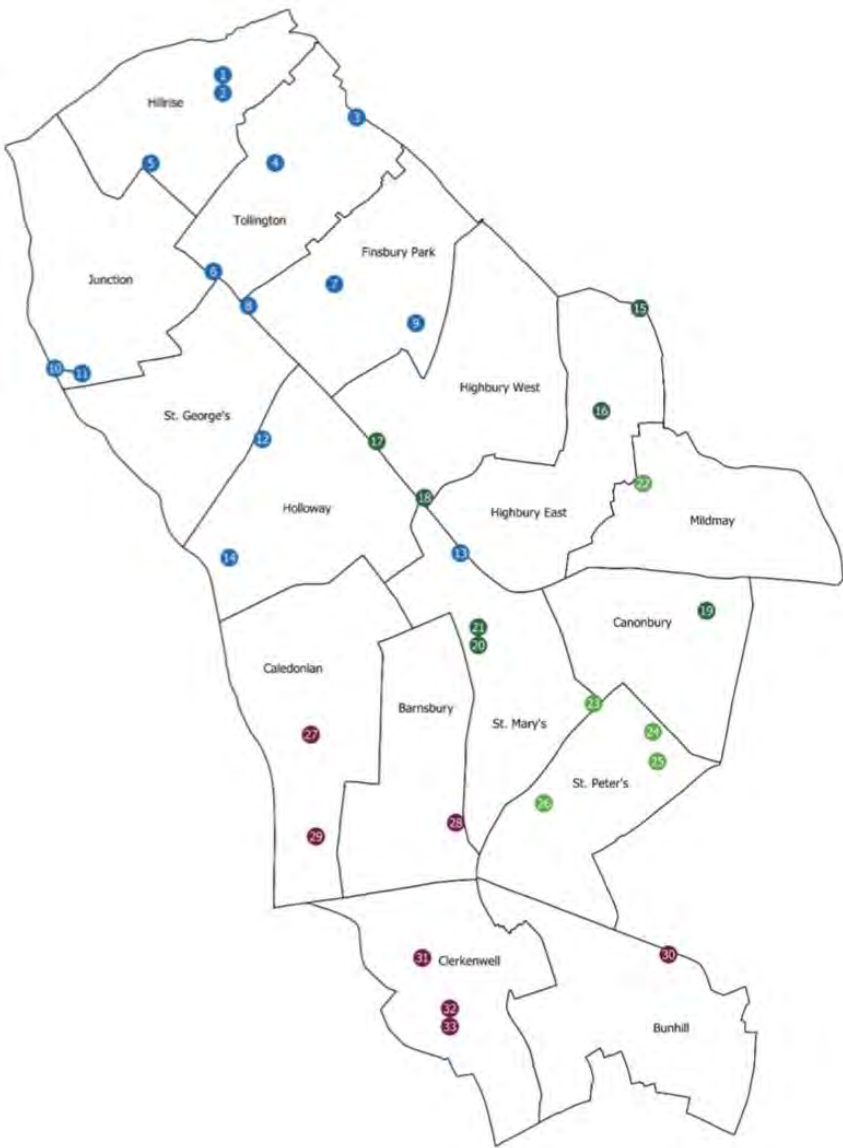


Source: NCL CCG website <https://www.northlondonpartners.org.uk/news/north-central-londons-primary-care-networks-showcased-as-best-practice.htm>

NCL PCN locations (Islington)

- North PCN
- Central 1 PCN
- Central 2 PCN
- South PCN

Islington GP Practices,
Primary Care Networks,
May 2019



Source: NCL CCG website <https://www.northlondonpartners.org.uk/news/north-central-londons-primary-care-networks-showcased-as-best-practice.htm>