

Haringey CCG Network Engagement Meeting
Wednesday, 5th July 2017, 3-5pm
Winkfield Resource Centre, 33 Winkfield Road, London N22 5RP

Meeting notes

Attended by: Cathy Herman (Lay member, Haringey CCG - Chair), Cassie Williams (Assistant Director of Primary Care, Haringey CCG), Geoffrey Ocen (Chief Executive, Bridge Renewal Trust), Catherine Swaile (Children's Commissioning Manager, Haringey CCG), Mike Wilson (Public Voice/Healthwatch), Lesley Walmsley (CCG Patient Rep), Helena Kania (PPG West), Viv Sharma (CCG Patient Rep), Peter Richards (CCG Patient rep), Bola Aworinde (Erada UK), Graham Day (PBUT PDRG), Alem Gebrehiwot (Embrace UK), John Murray (Different Strokes), Tony Boyee (Different Strokes), Dave Forrest (MIND Haringey), Seema Chandwani (Selby Trust), Patrick Morreau (Haynes Trust), Ricardo Johnson (Rockstone Foundation), Subodh Rathod (Wise Thoughts), Esther Myerson (PPG Central), Lauritz Hansen-Bay (Haringey Over 50s), Ruth Johnson (PPG) and Ivy Ansell (PPG North East).

Apologies: Sona Mahtani (Selby Trust), Rev. Gita Bond (Christ Church West Green), Marina Comandulli (Latin American Women's Rights Service), Adam Weatherhead (NAFSIYAT), Gloria Saffrey-Powel (CARIS Haringey) and Julia Hutt (Haringey MS Society).

Overview

On Wednesday 5 July 2017 Haringey CCG hosted a Network Engagement Meeting to have an open discussion with Haringey Network Engagement members drawn from patient representatives, local residents and community groups about Haringey's key health services.

These notes include a summary of the feedback we received from the network engagement members at the meeting and our response on how we are already addressing the issues raised or what we propose to do to address them.

Welcome introduction

Cathy Herman (Chair of the meeting and Lay member, Haringey CCG) welcomed all the members to meetings and a round of introductions was undertaken. Cathy informed the meeting that The Bridge Renewal Trust and Public Voice had been commissioned to work with the CCG to support our public engagement including the running of the Network Engagement meeting. Geoffrey Ocen (Chief Executive, Bridge Renewal Trust) provided an update on the membership review and welcomed both new and existing members who attended the meeting. Cathy explained the plan for the afternoon and said this meeting was being held to look at ways to improve our health service and make it better. For both new

and returning members, it was emphasised that this is about strengthening engagement and that the feedback from members is invaluable to the CCG.

Haringey Care Closer to Home Integrated Networks (CHINs)

Cassie Williams (Assistant Director of Primary Care, Haringey CCG) provided a presentation on Care Closer to Home Integrated Networks (CHINs) in Haringey. Health and Care Closer to Home is a priority of the North Central London Sustainability and Transformation Plan (STP) which aims to build health and social care around the needs of the local population. It offers an opportunity to transform the way services are provided.

One of the priorities of the STP is providing health and care closer to home. We found that health services are much better delivered to patients when availability is closer to home. Cassie explained that the CCG is working to improve the health and wellbeing of patients by supporting health services to work together to provide more co-ordinated care with particular focus on health and social care. We want to improve outcomes no matter what your geographic location is. We have to find a way of keeping people healthier so health care can be affordable. We need to be able to achieve financial balance and members can visit our CCG website to see our 2016/17 annual report and accounts (http://www.haringeyccg.nhs.uk/Downloads/Publications/HCCG%20Annual%20report_accounts_FINAL.pdf).

Extending access

As part of this work, the CCG wants to ensure that there is improved access to Primary Care. There are currently 3 hubs in different parts of the borough – North Tottenham and Bounds Green and Crouch End. These hubs offer GP, Nurse and HCA appointments at various times to ensure that all Haringey residents are able to access a GP appointment between 6.30pm and 8.30pm weekdays and 8am – 8pm on weekends and public holidays. These appointments also support people to see a GP if they work full-time during the day. Local GPs work in the hubs. Our goal is to provide an alternative to A&E so that only people who need emergency treatment go to A&E. This will help minimise accident and emergency waiting times. We will also be looking at how the Voluntary and Community Sector (VCS) can help.

Feedback from patients who have used the hubs has been positive. Many people have said that had they not obtained an appointment at the hub, they would have had to go to A&E instead. The positive feedback has proved this scheme to be successful so we will continue to provide these hubs.

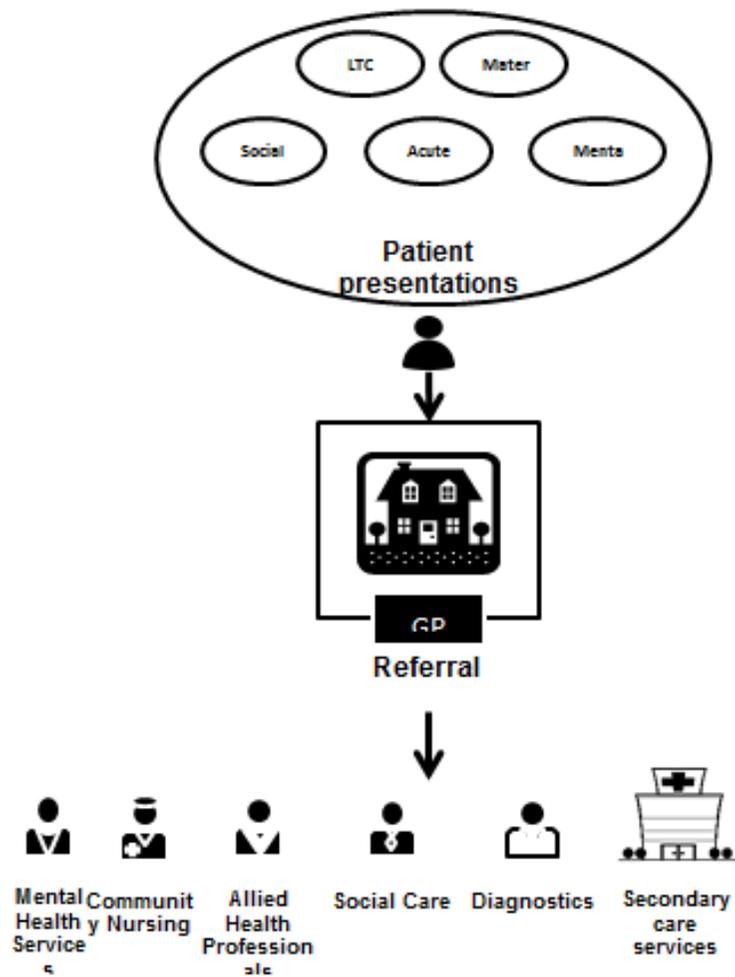
CHINs

What is a CHIN?

The slide below shows how the future might look like following the implementation of CHINs.

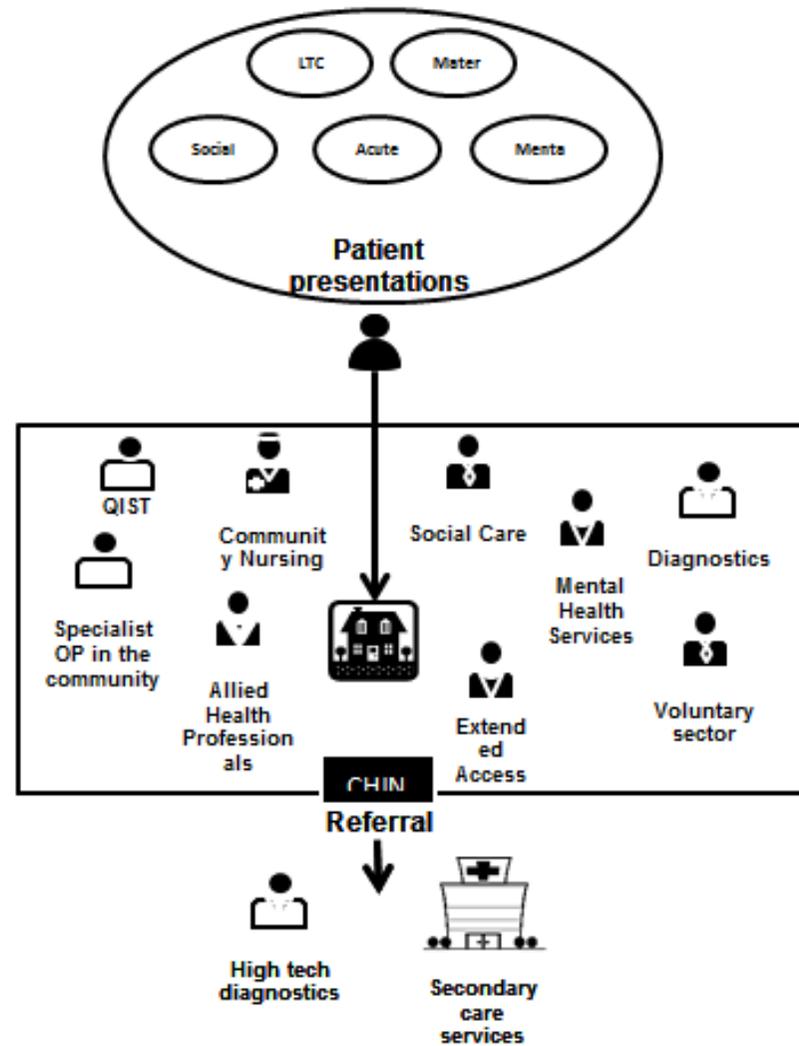
How might the future look following the implementation of CHINs?

Current state



1. Primary Care Home: A unique model of care (napp) 2016

Future state



Health services are much better delivered closer to home

Cassie presented the following information about what a CHIN is:

- Multi-Disciplinary Team – GPs, community, social care and voluntary sector
- Strong local network
- Healthy community – prevention focus
- Supports Self-Management for patients
- Based on local needs of residents
- Minimum 50,000 population coverage
- Virtual & Physical (clinicians working remotely or together in hubs)
- Quality improvement focus
- Close network of organisations
- Based on a number of organisations, local community services and mental health services. We are also looking at how the VCS (voluntary and community sector) can help.

It was reported that each CHIN will have 4 or more GP practices as part of them.

Quality Improvement Teams

Embedded within CHINs will be Quality Improvement Support Teams (QISTs). These teams are focused on GP practices. We know that there is variation in some outcomes across Haringey. Some of this is expected because practices have different patient groups but it is also possible to see some practices close to each other who are doing better in some areas than their neighbours. If there are two practices in the East and one has a higher rate than the other in finding patients and diagnosing a certain disease then this might indicate unwarranted variation which can be improved. QISTs are local teams which will support quality improvement through working with practices and providing actual clinical time into practices where this is necessary.

QISTs will:

- Consist of Clinical and non-clinical professionals working in each CHIN (GPs, nurses, pharmacist, practice manager, analyst co-ordinator)
- Analysts find unwarranted variation
- Work together to identify priorities and set plans
- Support practices to adopt best practice
- Clinical sessions in practices improve access and meet quality goals

Progress and Plans

It was noted that the first workshops for CHINs started in May 2017 and they are being supported to write their business cases. The first wave of CHINs will be expected to commence delivery based on the timetable below:

June – July 2017	Business case development (meetings with local practices, public, voluntary and community sector, mental health and community services)
End of July 2017	Business Case Submission
August 2017	Review and Approval
September 2017	CHINs and QISTs start

CHIN Themes

The meeting was informed that the following 4 CHINs are expected to be set up in Haringey:

- **East – 2 CHINs with focus on diabetes, hypertension and wound care (dressings)**
It was noted that some practices don't have a nurse everyday. If patients have no access when they have a dressing that needs maintaining – where do they go? This is an issue. It is currently unclear as to whether they should go to A&E
- **Central - 1 CHIN with focus on frailty and older people**
This will include the development of care plans, falls management, medication reviews. Nurses will go out to homes to make care plans and assess patients for medication reviews and falls prevention.
- **West – 1 CHIN with focus on frailty, carer identification and depression**
One aspect of this is to look at medication. Some older people are on lots of medication when they don't always need to be on all of them. A pharmacist can support people to be on the right medication at the right time. This CHIN is also looking to support care homes.

The priorities of the CHINs may change following the completion of the design process currently underway. They will also expand over time.

Feedback: Questions, comments, suggestions and answers

Group Discussion

Question: Is there anything on education? Diabetes is worse in poorer areas. As it is better to educate for early prevention, will the CCG look at going into schools to educate people who are part of vulnerable populations?

Answer: There are patients' education schemes that exist and CHINs need to make sure people are supported to access them. For example in the East we are focusing on addressing language barriers and supporting people with diabetes some of whom do not speak English.

Question: We need to look at clusters of young people. It sounds like more is aimed towards older people.

Answer: It is true that the current priorities are not focused on younger people. As with most new implementations and reviews, we will start with some key priority areas and expand the service later to include other priorities such as children and mental health.

The CCG has other work ongoing with children, such as a local incentive scheme for improving management of child asthma.

Question: It isn't clear how patients access CHINs – is it via a GP?

Answer: The details need to be worked out but we would expect CHINs would be accessed through your local GP or someone who is referred upon discharge or identified for referral via the Voluntary and Community Sector. It should be easy access via anywhere really.

Question: Have these sites been allocated or are there CHINs awaiting allocation? What will they look like? Is it possible you could explain who will staff the hubs? Will there be GPs there, if so where will they come from? Will the surgeries who come under a hub area supply any GPs? I know there is certainly a shortage of permanent GPs at the newly renamed St Ann's Road Surgery, previously the Laurels and Chestnuts and I suspect the recruitment of GPs at other surgeries will be an issue.

Answer: We aren't expecting that there will be one big site for the CHINs which they will all meet around as we don't think that would work. It is more of a virtual network which is geographically based - West, Central and East. But they might well have some services that are in specific locations. This has not been finalised as yet but some might be linked to the location of extended access hubs.

We are aware that primary care recruitment is a big challenge (both in Haringey and across the country), and this is something we are working hard to support our practices with.

We are just working on our advertising plan to promote the hubs to residents through as many channels as possible.

Question: There are issues regarding isolation of older people and isolation of people due to various reasons such as alcoholism, depression, learning disabilities and mental health issues. What is the CCG doing to address such issues of isolation?

Answer: We have to start with the priorities identified by the GPs and partners for the CHINs. There are existing initiatives which are dealing with some of the issues raised. For example, Tim Miller (Mental Health Enablement Lead, Haringey CCG) is working with mental health commissioners and providers to develop services to address mental illness.

Question: As there is so much focus [on diabetes] in the East, how will you ensure that the West does not fall behind? Have you set a standard with these areas?

Answer: This is a priority for the east because their prevalence is higher. However we also have a local incentive scheme for all Haringey practices to support better care finding and management of diabetes.

Question: If CHINs are going to be based around 4-5 GPs does that mean specialists who will be included in the diagnostic of CHINs belong to one practice or will they have access to several practices?

Answer: GPs with a special interest and Nurse prescribers have expertise in certain areas – so there will be capacity to broaden their reach across practices. There will also be acute clinicians who can support local work. For example, a Geriatrician could visit with a GP to support the management of a patient or indeed could be part of upskilling GPs in specialist areas.

Question: People don't know where services are and how to access them. We need a directory of services or equivalent to be available online and manned so that people can ring up if they can't use a computer to obtain information. How can we make sure that people are directed to the correct places with all staff informed and kept up to date with newly available services?

Answer: We agree that people need signposting directly to a service rather than to a person who can only direct them to another person who knows about a particular service. We are expecting this to be part of CHIN bids.

There are lots of ways that this currently happens, including the NHS 111 telephone number which is linked up to a large local directory of all the services available for people. Haringey GPs also have access to a GP Portal which outlines all the services available that they can refer patients to. For the public, there is a lot of information on NHS Choices (www.nhs.uk), the CCG's website and Haringey Council's website. In addition, the Bridge Renewal Trust have created a directory of local voluntary and community sector support organisations which is available to staff and members of the public (<http://bridges.force.com/directory/>).

CHINs and the Voluntary and Community Sector

Geoffrey Ocen (Chief Executive, Bridge Renewal Trust) provided a presentation on the involvement of the voluntary and community in the design and development of CHINs.

It was noted that the voluntary and community sector (VCS) is coming from a different angle which seeks to work within the CHIN framework to focus on wellness so that we can help people stay in control of their lives and live in their own homes. The VCS services will complement the medical approach delivered by GPs.

Developments to-date

Representatives from the VCS met on 27 June 2017 and identified the following services that can be provided by the sector in the respective CHIN areas:

East Haringey (North and South)

Given the **Diabetes and Hypertension** priorities, the VCS services include:

- Navigation and social prescribing
- Interpretations/ translations (BME groups)
- Community blood pressure checks
- Gap identified for diabetes testing in high risk areas
- Healthy eating, physical activities, exercises and foot care (diabetes) in community settings
- Stroke support services (e.g. exercises, talks and interactive activities)
- Educational programmes for young people in schools, older people, cares and families including stroke awareness and self-management
- Other services: sexual health, pregnancy and ante-natal support

Care navigation and social prescribing have been identified as essential elements of linking up GPs and patients to voluntary and community support services. The Bridge Renewal Trust has published an online directory of voluntary and community services which can be accessed by professionals and residents here: <http://bridges.force.com/directory/>. It can be searched by service, ward, and beneficiary/ service users groups. The services are displayed including information about location on a google map, opening times and contact details. This is a directory consisting of only VCS organisations. There is some further work to be done to this directory to include Haricare so that we can link the two together. It was requested that the directory should be publicised widely.

Action: The Bridge Renewal Trust to email link to the online directory to all members.

There are also new community blood pressure checks (delivered by the Bridge, Embrace UK and Tottenham Hotspurs) where by trained community workers go out to community centres. This minimises waiting times for blood pressure checks, which in turns provides opportunity for early prevention of serious illness.

Central Haringey

The VCS services that can be delivered to support the **Frailty and Older People** priorities include:

- Navigation and social prescribing
- Befriending
- Social activities
- Dementia support
- Falls prevention – physical activities, exercises and foot care
- Nutrition – healthy eating
- Effective hospital discharge – home from hospital
- Home-based support – domiciliary care

There are different types of frailty – mild to moderate to severe. Befriending was identified as essential in addressing social isolation and loneliness. It was reported that Age UK used to do befriending. The Bridge Renewal Trust took this on and kept it going. Thanks to a recent

donation from a local resident, the Befriending Service is being expanded with the recruitment of more volunteers and older people. This will support the delivery of CHINs as well because isolation is currently a huge issue. Tackling falls prevention was noted as a pressing priority and this in turn will decrease A&E waiting times. Members agreed that home care needs to be adequate with assessments making sure that older people and their homes are equipped correctly – e.g. handle bars in the bath/ shower, ramps to reach the front door if steps are not feasible, domestic walking frames for stability etc.

West Haringey

Mental health and support for carers have been identified by GPs in the West and the following VCS services could be provided:

- Navigation and social prescribing
- Counselling including creative talking therapies
- Information, advice and guidance
- Social groups
- Physical activities
- Suicide prevention
- Training and employment
- Dementia support
- Self-care
- Support for carers – carers advocacy

Key Messages from the VCS

- Sustainable funding
- Infra-structure support to work with and co-ordinate VCS services
- Mapping of VCS services
- Equal partnership and part of decision making
- Integration and co-ordination with GPs, community and acute NHS services for local and cross-borough VCS services
- Links with Local Area Co-ordinators
- Learning and sharing of information across CHIN areas
- Outcomes measures to show patient improvements – e.g. Blood pressure, diabetes etc. (linked to value for money)
- Saving money – people receiving prevention and early help are less likely to reach crisis, require urgent care support and experience harm.

The meeting noted that small grassroots VCS groups are doing great work. The success of the CHINs will require the involvement of these organisations with good reach into the different communities and the VCS working together with GPs.

It was pointed that the collaboration between GPs and the VCS will need to focus on early help and prevention and show that it can save money. If we can get prevention right then we can avoid more acute and emergency services, which are more expensive.

Further questions, comments, suggestions & answers

Members continued to discuss the proposed implementation of CHINs and raised the questions below.

Question: As the culture is changing, what are GPs responses to CHINs?

Answer: Not every GP practice is currently participating. This is only currently running as a pilot with some of the GPs whose responses have been very positive.

Question: How do the points raised about exercising to prevent stroke and diabetes relate to me as a person who runs exercise workshops or as an individual?

Answer: We need to offer lots of ways to encourage people to participate in physical activities. This has to be led by the person themselves and what their choices are. To change behaviour and lifestyles, we need to build on what people enjoy. For example, there are currently group walks all over the borough that take place weekly.

The meeting was informed that the organisation Different Strokes teaches Tai Chi and exercising just for stroke patients. Gentle exercises are offered for individual different abilities as well as for various group abilities.

Question: For people living with mental health problems and prescribed medications, the experience of physical exercise can be somewhat different. There appears to be a focus on older people, more needs to be done in order to encourage people with mental health issues to exercise.

Answer: There is a mental health strategy within the borough to encourage parity of esteem.

Question: On the Wellbeing side of things it is hard to access GP surgeries to promote our services. It is extremely difficult for service providers and the charity sector to work with the NHS.

Answer: We appreciate you have some frustrations on services you can provide and need to share with GPs. It is hoped that the CHIN framework will help to get the GPs working more closely with the voluntary and community sector.

A member added that one of the ways to reach primary care services is through the Patient Participation Group (PPG). There is a procedure to follow where you can be invited to attend a meeting as a guest speaker. We have a GP that regularly attends our meetings. It is about building a relationship with GPs and their surgeries. It is helpful to the PPG to support the new ideas.

It was noted that PPGs are a great lead for change. It was recognised that unfortunately not all surgeries have a PPG, although the majority of practices in Haringey do.

A PPG representative added that they run two evening sessions a year around a subject of interest. For example, the next discussion will be about men's health. It would be great to get voluntary organisations to come and talk to group.

Question: Apparently there are Local Area Co-ordinators being set up but it is not clear who they are.

Answer: Although this is not up and running as yet, the Council is proposing to set up two local area co-ordinators to work in two areas – one in Hornsey and one in Northumberland Park to provide care navigation and support access to services. As part of CHIN development, it is hoped that Social Prescribing will help direct people into the services.

Several members expressed support for Social Prescribing. One member reported that all their referrals have only come from other VCS organisations and that it would be beneficial to receive referrals from GPs as well.

The meeting was informed that for stroke victims, a VCS organisation called Different Strokes has provided much needed support including social skills to enable patients 'just to get out of the house'. The stroke pathway seems to work very well with referrals from Whittington Health.

Question: It is apparent that doctors can use the online patient record to communicate effectively with patients because they always send Stop Smoking information and notifications. So why are GPs not utilising this in order to educate patients with information that relates to their particular illness?

Some GPs have been pioneers in online communications. We think that this will be an on-going developmental process. It will take time for new changes to fully come into effect and be welcomed across all surgeries.

Child and Adolescent Mental Health in Haringey (CAMHS)

Catherine Swaile (Children's Commissioning Manager, Haringey CCG) began a presentation on CAMHS. However due to time restrictions this was only a partial presentation. It was then agreed by all that the presentation would be delivered in full at the next Network Engagement meeting.

There being no other business, the meeting ended at 5pm.