NHS
Haringey
Clinical Commissioning Group

Haringey CCG Engagement Network

Tuesday 25 June 2019, 2:30pm – 4:30pm

Winkfield Resource Centre, 33 Winkfield Road, London N22 5RP

Members present:
Alem Gebrihiwot (Embrace UK); Gordon Peters (Frailty Steering Group of CCG and Chair of Haringey Over 50s, Older Peoples References Group); Graham Day (Haringey Wheel Chair User Group); Ivy Ansell (PPG, South East CHIN, Lawrence House Practice); John Murray (Different Strokes); Lauritz Hansen-Bay (Haringey Over 50s); Lesley Walmsley (CCG Patient rep); Lynette Charles (Mind in Haringey); Peter Richards (Haringey Over 50s); Ricardo Johnson (Rockstone Foundation); Rita Fernandes (New PPG, South East CHIN); Rod Wells (Defend Haringey NHS); Viv Sharma (CCG Pateint Rep); Yvonne Denny (New PPG, South East CHIN, Lawrence House Practice); Bempah Kingsley (ARK); Kathryn McAuley (DWP); McMah Jude (Wise Thoughts); Joan Smith (Hornsey Pensions); Joyce Sullivan (Public Voice/ HAP); Emily Wood (Representing as self); Herman Irish (WICC); Jo Salter (Healthwatch Haringey); Valerie Graham (Local Resident); Samantha Greaves (Local Resident); Candy Fernandes (Local Resident); Lourdes Keever (Local Resident); Angie Buzzacott (Local Resident); Naomi Freeman (Local Resident); Margaret Fowler (PHASCA); Lauritz Hansen-Bay (Local Resident); Dimitri Sklavounos (Local Resident); Natasha Sivanandan (Local Resident); Poppy Thomas (Haringey Council); Gilly Fisher (North London Hospice); Stacy-Ann Lee (Local Resident); Jano Goodchild (Carers First); Geoffrey Ocen (CEO, Bridge Renewal Trust); Isha Richards (HCCG); Caroline Rowe (HCCG); Priyal Shah (HCCG); Robert Good (HCCG); Katie North (Islington & Haringey CCG)

Quick links to sections
• North Tottenham integration (comments and questions)
• Primary care networks (comments and questions)
• NHS Long Term Plan – North Central London Integrated Care System (comments and questions)
• General comments

1. Welcome

Cathy Herman, Engagement Network Chair, welcomed everyone to the meeting and set out the plan for the afternoon.

2. North Tottenham integration

Priyal Shah, Senior Commissioning Manager at Haringey CCG provided an update on the locality - based integrated care work being trialled in North Tottenham. The initiative looks at managing and improving the health and wellbeing of a population in a defined geographical area by developing a simpler, more joined up local system that offers residents the right support at the right time. This includes having multi-disciplinary teams of health and social care professionals working together to deliver some services, for example locality teams.

Priyal asked the Network for their feedback on this approach to delivering integrated health and care, including what the CCG's priorities should be and what current opportunities and assets the CCG can build on to successfully roll out this model.

General comments on locality based approach to integrated health and care

- Some GPs are better at proactively finding help through alternative services. GPs should assess repeat attendees as there could be better alternative solutions.
- Really good model on paper – will be interesting to see how it works in reality and if it improves things for residents and staff working in those areas/services.
- There is a worrying mismatch between CCG members and the public understanding of terms such as holistic, social prescribing, physician associate. I think this also applies to implementation of the NHS long term plan in which a reasonable level of health literacy is assumed, but certainly cannot be taken for granted locally.

Service coordination

- A lack of awareness between different services; such a big health and care system even in the local area
- A need for integration on a wider scale, e.g. between the police and prison teams
- Locality teams are a good example of working together.
- Can't have an integrated system without an integrated IT system (up to date systems/ processes need to be connected)

- Referral pathways should be shared with voluntary sectors so they are aware of the processes.

Communication

- Difficulty in accessing services when you can't get online. Need other ways to share information.
- Not always easy to find out information about a service.
- It is important to have a plan on making people aware of this work, especially those living locally in North Tottenham. The CCG should use all possible ways of engaging with the public. Only some people are able to attend meetings and the CCG should reach out to people who may be housebound or lonely.
- Better communication with residents and patients is needed – use less jargon, manage expectations.

Comments on priority areas for integration

- More focus on prevention. Provide people with more advice and support so that they can look after their health better before it worsens.
- More straightforward services that are easier to navigate.
- Improving communication between organisations / services.
- Consider the culturally diverse local community. Services need to be inclusive, accessible and cater to these communities, e.g. LGBT, travellers, ethnic minority and disabled people.
- It is important to assess how well the current sectors are integrated and how this can be improved.
- Look at children with special educational needs – feels like there is a gap in that area and waiting times for support are really long.
- Services and support for frail elderly – and identifying these people – needs to be a big priority.

Comments on local opportunities and community assets

- Make use of the opinions of local residents. Resident representatives need to be included in service design.
- Community assets are widely available but not used to their full potential.
- A central body that patients and health services can use for support, e.g. when a patient experiences delays in their health care. This would be great for prevention and utilising the current missed opportunities within social prescribing within the borough.
- Community assets such as The Selby Centre has a wide Black and Minority Ethnic membership. We need to be working with organisations like this to find out what the needs of the community are. There needs to be better integration and acknowledgement of community organisations such as these, as they can highlight the current needs of specific populations.
- The problems facing the BME minority population are a major issue and seem to never be solved. The problems they experience are always the same over the years, across the board.

- Local area care co-ordinators are a good idea but don't seem to be very present in practice.
- Many GPs are unaware of how many voluntary organisations and services there are within the borough. GPs need to be more supportive around promoting these services within their practices as they should be backing initiatives that will improve the health and wellbeing of patients. One practice requested payment to promote a service.
- Locality-based requires a new set of relationships between the statutory and voluntary sector. Multiple meetings take up resources especially for the voluntary sector. The voluntary sector needs investment and support to participate in locality-based partnerships.
- Build on the relationships and assets that already exist – do not re-invent the wheel.
- The NHS should display leaflets and promote services in supermarkets, or have information stalls and talk to people directly.
- Information is needed in schools for older children, maybe on a noticeboard where social prescribing activities and other health services can be advertised.
- Engagement between GPs on a strategic level needs to be better- to bring them into the conversation and transfer ideas.
- Public voice is an advantage to the neighbourhood and needs support from the local authority to make effective use of it. This has become less effective at a local level, lost with the development of Healthwatch, important to strengthen the PPGs in light of this.
- One of the slides from the presentation states 'Connecting with wider services', implying that they are working with lots of different services but there is no mention of the voluntary sectors.

<u>Comments on the main barriers or considerations the CCG should be aware of</u>

- Insufficient funding to publicise services adequately. People need to be aware of the services available to them. People only become aware of certain services after they become ill, often when it is too late to really benefit from them.
- Language and cultural barriers.
- Disparity for some people who may not have had an education or don't speak English, they may be IT illiterate, so communicating through website is not appropriate.
- Lack of consistency in implementation of personalised care plans and protocols between partner organisations, which does not inspire confidence of a good outcome and may even lead to increased demand on emergency services.
- Access to advice and information, which is increasingly skewed towards electronic means, results in disadvantaging older patients who prefer to speak to a real person on the phone. In particular, those with mental illness and low literacy skills are at risk of being dropped between services.

- There is an issue in that people do not know what health and social care services are available, where and when they are available or how to access them. An individual with an enquiry can be passed around to different people/areas without getting the information they need. Time and money is wasted and people will lose confidence in health and social care services.

Comments on how the CCG can demonstrate the impact of integrated care

- Provide more information on outcomes, for example case studies and statistics
- Map some patient journeys now and later and compare the two. A before and after evaluation would be a useful way of understanding the impact of any improvements made.
- Independent assessments conduct by an external organisation to evaluate effectiveness. Will be impartial and will highlight positives as well as areas for improvement.

Questions

- **How does locality based care/ teams work in practice?**
  Locality-based teams refer to staff from physical health, mental health, social care services and other relevant sectors working closely with each other to provide care and support to residents in a defined geographical area (locality). It allows them to build trust and connections between staff working in different services and organisations, to provide joined up care and where possible deal with problems in the round. Staff would also work with voluntary and community organisations where appropriate to support their service users. Locality-based working also allows us to make the most of the assets we have in the local area.

- **Is there enough local resource to support integration given the existing complex structures?**
  We have successful integrated services in a number of areas including children and young people and older people living with frailty. We are using this learning to support staff who work in individual services to work differently and to provide joined up care and support. We are working with partners across community health, mental health, primary care and social care to come together to develop and try out new ways of joined up working (integration). We will work with staff to see what is working well and what can be improved. We will see where there is duplication and any unnecessary tasks that can be reduced or removed. By doing this we expect to support staff to focus on work that is meaningful, useful and joined-up for their services users. Integrated working and a focus on supporting people earlier would also help us use our resources efficiently.

- **What does health, wellbeing and a "holistic" service mean?**

A number of terms have been used to describe the approach we will take with locality-based working. By health and wellbeing, we mean physical and mental health. A 'holistic' service takes into consideration the overall health of the patient, including their physical, psychological, social and spiritual wellbeing. It emphasises the importance of listening to what matters to the service user as a whole person and supporting them with their needs that may be beyond traditional healthcare or social care services. This is also what we mean by using a 'person-centred' approach.

- **Local people are a valuable resource that is at risk of burnout, how can integration better support their involvement?**
  Locality working requires the whole community to come together and jointly build on our local support and strengths. We are keen to involve and work with local residents in North Tottenham and are also developing our approach to engage meaningfully and involve them in the North Tottenham initiative. We will work closely with voluntary and community organisations to increase local residents' involvement.

- **Can integration help to make use of underused housing spaces?**
  We would like our staff in North Tottenham to work locally within the area, getting to know local residents, services and organisations as well as issues and opportunities within the community. We are working with housing services in the development of locality-based working and we are looking at different options for space in North Tottenham so that staff from different organisations are able to work together. As we review our estates in North Tottenham we will consider underused housing space which may be a convenient location for integration and locality working.

- **How did the CCG engage with young people on the North Tottenham integration work?**
  The CCG has been working closely with Haringey Council to engage residents on the North Tottenham integration work. Thirty percent of the people interviewed by the Bridge Renewal Trust in the Community Engagement exercise were aged between 16-21 years (over 100 young people). There were other fora which engaged with young people, for example, Haringey Council's Fairness Commission and the Youth council. As part of the Deep Dive we spoke to staff working in a range of different organisations that support young people including schools, health care services, the Job Centre and voluntary and community groups to understand some of issues and priorities for young people.

- **Will there be a one-stop shop or organisation that oversees all social prescribing?**
  No, there won't be one organisation or 'one-stop' shop for community navigation/social prescribing. This is because there are multiple ways that people can be helped to access solutions that meet their needs. In Haringey

different community navigation roles have evolved over time for specific purposes, for example, support for carers, Local Area Coordination to support specific communities or navigation support for people newly diagnosed with dementia. However, partners, such as the Council, CCG, GP Federation and the voluntary sector are working towards aligning the differing models in the borough to ensure they are operating towards a common definition, set of outcomes and common models of delivery. We are currently making sure the navigators/prescribers form a community of practice network to mutually support each other. There are common opportunities to share resources, e.g. recruitment, training, information/advice etc. as part of the roll out of GP Link Workers. We see the Link Workers – alongside other navigators – as being a vital part of our wider local multi-disciplinary teams supporting people with health and care needs.

- **Department of Health doesn't have a concrete definition for 'Social Providers'. Will the Social Providers definition be consistent across Haringey?**
  CCGs and health and social care partners have developed a common definition of 'social prescribing' across North Central London.

  Social prescribing (also called 'community navigation') is a way of GPs, health and care professionals and particularly the voluntary sector connecting patients to the right community resources, new opportunities and social activities to help meet goals important for them. This could include trying new, or help to continue existing, interests and meeting new people or keeping in touch with family and friends to grow their social network. Social prescribing can also help people with advice, information and practical support with things like finance, housing or employment matters.

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3. Primary care networks (PCN)

Owen Sloman, Assistant Director of Primary Care and Dr Dina Dhorajiwala, local GP and Governing Body member, provided an update on the development of primary care networks (PCNs) in Haringey. These networks will be established to help deliver the NHS Long Term Plan. PCNs will see practices working more closely together and with community, mental health, social care, pharmacy, hospital and voluntary services to provide more proactive, co-ordinated, personalised care for patients. NHS England will be investing significant funding into primary and community care which will enable the Networks to provide extra staff and resources to deliver a wider range of services to patients.

Owen and Dr Dhorajiwala asked the group to feedback on how Haringey's PCNs can improve and promote health and wellbeing and the role that Patient Participation Groups (PPG) can play in their development, to ensure they are meeting patients' needs.

General comments on primary care and primary care networks

- Some people often have long telephone waits in order to arrange a GP appointment. Patients want to see a clinician face to face, so getting through to the GP practice is really important.
- It is important to let people know about the extra staff coming into Primary Care Networks (pharmacist, social prescriber, physicians associate), especially what skills they offer.
- Some people have to go to A&E if they cannot get an appointment at the GP.
- GPs are overwhelmed by people with depression – sometimes GPs do not know how to prescribe them as it is often mentioned as a secondary issue during appointments.
- I am glad I attended the meeting to learn about PCNs, particularly.

Comments on how PCNs will integrate local services, improve quality and provide more patient centred care

- Economies of scale – more people working together to provide services across a bigger patch is positive.
- Suggestion to use a locality hub or community asset to reach those who don't necessarily attend their GP practice.
- PCNs will provide a level of consistency across multiple GP practices and ensure better levels of communication with co-working practices.
- Currently District Nurses only support people who are housebound. Consideration should be given to integrating District Nurses into Primary Care Networks.
- People thought the idea of other services being co-located within primary care networks was a good one. However, primary care estate needs to ensure there is adequate room for additional services that the networks may want to deliver e.g. social prescribing/link workers. This is not always the case and can make it hard for those brought in to provide those services.
- Integration of IT systems is crucial for this integration and joining up to work.

Comments on how PCNs can promote wellbeing and build local relationships

Social prescribing

- Social prescribing was identified as a good way to promote wellbeing however it was highlighted that there are challenges in the current process for residents to access the wellbeing services they've been referred to by the social prescribers. Closer working needed with the community and voluntary sector to ensure a smooth process for residents.

- Social prescribers will play a particularly important role in a GP practice. They should be obligated to attend practice PPGs so that they're better linked in and able to refer patients to the appropriate schemes.
- Advertise the social prescriber role on GP screens to increase awareness.
- Example of the Community Connector role as part of the Reach and Connect programme demonstrates effective social prescribing.
- It's important that social prescribing is consistent across the borough.
- If GP gyms are organised by the small networks of surgeries, then it won't be too far away from many people.

Voluntary and community sector

- More investment / resources need to be put into the voluntary sector.
- Some GPs need to be more supportive of wellbeing initiatives by actively promoting services and opportunities in their practices.
- Job centres need to be more involved in network systems – as they are being asked health questions regularly. People are often going to their local job centre to discuss health issues/questions, many of these people do not know about funded services. There needs to be more information for people with health conditions who also want to work. GPs need to be more aware of this and a bridge needs to be built.
- The nature of most people coming to the job centres are focused firstly on their health then their ability to work.

Support from GP practices

- The care given in a GP practice should be holistic and should include wellbeing. The locality-based working in North Tottenham will emphasise holistic and person-centred approach.

Comments on the role of Patient Participation Groups in PCNs

- There needs to be an ongoing relationship between PPGs and practices. Practices in more affluent areas have more effective PPGs than those in more deprived areas. It is important to increase patient knowledge of PPGs especially hard to reach patients. Perhaps successful PPGs can assist PPGs in more deprived areas. Additional support could be provided for patients to encourage greater participation (e.g. care provision to assist patients with children. Translators for people whose first language isn't English). Try running the PPGs on different days or at different times of day to see if this boosts numbers. Explain in laymen's terms what will be discussed at PPG meetings.
- PPGs are very useful as long as there are enough people to ask the questions and know what questions to ask.
- PPGs should get together from different networks so they are sharing information and ideas. Perhaps one PPG per network.
- The formation of Primary Care Networks gives a real opportunity to rejuvenate PPGs.

- PPGs should include members or representatives from different groups and communities such as travellers, LGBT etc.
- Practices/networks shouldn't only use PPGs when they want to (have to) take something to them. It should be an ongoing dialogue between the practice and the group which is two - way.
- A lot of good practice exists in PPGs in some practices in Haringey – look at this to see how it can be incorporated into the PPGs for primary care networks/other practices
- Value the PPGs and the important role they can play in improving the quality of care for patients of a practice
- Recruitment drive is needed
- Encourage the PCNs to use members from PPGs in any procurement of services. This works well in CCGs/local authorities.
- Have different routes for people to access PPGs – physical meetings don't work for everyone but others could be involved in a virtual group.

Questions

- **What is a physician associate? Will they take over the GP role?**
  A physician associate is a graduate who has undertaken post graduate training and works under the supervision of a doctor. They'll be trained to perform a number of day-to-day tasks including:
    - taking medical histories from patients
    - performing physical examinations
    - diagnosing illnesses
    - seeing patients with long-term chronic conditions
    - performing diagnostic and therapeutic procedures
    - analysing test results
    - developing management plans
    - provide health promotion and disease prevention advice for patients.
    - Reducing administrative and clinical demands from GPs.

- **With practices signing up to be part of primary care networks, will that mean practices will be merging? Will patients have to travel further to see their GP?**

Primary care networks are about practices working more closely together. Patients will still be registered with their own practice and will be able to access and see their GP in the usual way at their usual practice.

- **What is the difference between a community navigator and a social prescriber?**

Care / information navigation is a set of skills (not a role) which can be undertaken by anyone in a multidisciplinary team or working in the community, who can signpost to appropriate services. GP receptionists and volunteers play a key role in helping people to navigate the increasingly complex health and social

care system as efficiently and effectively as possible. In Haringey 137 primary care staff have completed further training to be care navigators. Healthwatch staff and volunteers and local area coordinators have also been trained as care navigators.

The social prescribing link worker is an additional role which will be a part of the primary care network. The role will involve providing personalised support to individuals, their families and carers to take control of their wellbeing, live independently and improve their health outcomes, as well as signposting to appropriate activities to support individuals' health and wellbeing.

- **When will Haringey's primary care networks be confirmed?**
  Haringey's primary care networks have now been confirmed. You can find out more about the borough's primary care networks on the CCG's website.

- **When will the social prescriber be recruited?**
  Networks can recruit from 1st July. However, we expect that the social prescriber post won't be filled until autumn for some networks.

- **Will there be enough investment for the networks to operate effectively?**
  There is significant investment of around £450,000 collectively for practices involved in the networks across Haringey. The networks will also benefit from investment to recruit additional staff, such as on-site clinical pharmacists and social prescribers who will be able to provide a range of other services to patients.

- **How long will these primary care networks be trialled for?**
  Primary care networks are not trial projects. These networks have been established to help deliver the NHS Long Term Plan, which sets out the vision for the NHS over the next ten years.

- **Are the Clinical Directors selected by other GPs in the primary care networks?**
  Yes – the Clinical Directors were selected by peers in the networks themselves. The CCG had no role in the selection.

- **How will the community paramedic work with London Ambulance Service and the Whittington Health community services?**
  Proposals for how the community paramedics role will be developed is currently being discussed with those service providers. We expect recruitment to start for these roles in 2021-22.

- **How are Patient Participation Groups promoted?**

Every GP practice should have a Patient Participation Group (PPG), which they should be promoting to patients. Some practices promote their PPGs on their website or in their reception areas. The CCG also provides information about

PPGs on its website. If you are interested in joining your practice's PPG we advise that you speak to your practice staff about it.

- **Is the GP Gym initiative being extended to other practices?**

The GP Gyms initiative is being evaluated over September 2019 and a decision will then be made on its future direction.

- **Have practices been able to choose who they want to be in a network with?**
  Yes – practices can choose the network they want to join although Haringey's networks have been set up by geographical areas. This was stipulated in the guidance by NHS England. The CCG has worked closely with emerging networks though to ensure that all practices are placed in a network.

- **Is there a risk that the poor performing practices are all in a network together and what will this mean for the quality of services for patients in those areas?**
  Primary care networks provide a means for practices to work together and support each other. Primary care networks bring significant investment into the system of around £450,000 collectively across practices. Practices who belong to a network will also benefit from investment to recruit additional staff, such as clinical pharmacists and social prescribers who will be able to provide a range of other services to patients across all practices.

- **There is a feeling that primary care services in parts of the borough, especially in north Tottenham, are struggling and the quality is not great – will primary care networks help with this?**
  Primary care networks provide a means for practices to work together and support each other. Primary care networks bring significant investment into the system of around £450,000 collectively across practices. Practices who belong to a network will also benefit from investment to recruit additional staff, such as clinical pharmacists and social prescribers who will be able to provide a range of other services to patients across all practices.

- **What is the maximum number of PPGs that are allowed to represent each Network?**
  Each practice belongs to a network. Practices will continue to run their own PPGs as usual and each practice will be responsible for engaging with their PPGs on how best to involve them in the primary care network and its development.

- **How will social prescribing be managed across the borough? Will each Network have its own social prescriber?**
  Yes- each network will have its own social prescribing link worker. As members of the PCN team of health professionals, social prescribing link workers will, in 2019/20, take referrals from the PCN's members, expanding

from 2020/21 to take referrals from a wider range of agencies in order to support the health and wellbeing of patients.

- **How long is funding for the present scheme?**
  The Direct Enhanced Specification (DES), which funds the networks, will be implemented over five years from July 2019.

- **Will community paramedics come from the private sector?**
  Community paramedics will be recruited from 2021-22. Decisions about that recruitment will be made nearer the time.

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4. NHS Long Term Plan – North Central London Integrated Care System

Luke McCartney, Head of Programme Management at North London Partners, spoke about integrating health and care at a regional level. He provided an update on the development of the North Central London (NCL) Integrated Care System (ICS), which will see CCGs and local authorities across Barnet, Camden, Enfield, Haringey and Islington working much more closely together in 'borough partnerships' to take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

He explained what this new, more joined up system will mean for residents, which includes more care being delivered in the community closer to home, rather than in hospitals.

Luke asked the group for feedback on the work being carried out to integrate health and care at NCL level.

Comments

- Transparency over decision making and accountability is needed for the public– people are concerned that in an NCL structure, it will be harder for the public to influence decision making or understand where it happens.
- Residents need to be properly updated when new services are being planned, at the expense of other services which are being cut. Been approached by five residents who are very upset about the ear syringing service being outsourced to Specsavers at a cost of £30-£60 per ear. Some residents will not be able to afford these costs so the pain and deafness will become progressively worse.

- Need to be more up front that the changes and plans at NCL level are also about cost savings.
- More detail needed about the borough partnerships and what they will do versus what is being done at NCL level.
- There are no Health Boards in England as there are in Scotland. Public have to rely on Joint Health Overview Scrutiny Committee and STP Advisory Board, the latter which is very distant from the public.

- We are very concerned about possible Integrated Care Providers (ICPs) We understand that legal changes will be made to allow private tenders for Integrated Care Provider contracts.

    - NHS bodies in each of 44 areas must create an Integrated Care System (ICS) by 2020(or 2021).

    - Each ICS will form a new Integrated Care Provider (ICP) organisation – as NHS or joint NHS/private partnership – likely competing for the contract with private companies.

    We believe that how providers perform to contracts is not accountable to public scrutiny.

- We believe any discussion about the Long Term Plan in NCL area should be done by advising the public that it is being brought in with a background of £200m savings to be made.

Questions

- **What is the CCG's policy on commissioning services from specialist providers, such as a specialist hospital, outside of Haringey?**

    Haringey CCG is the lead commissioner for North Middlesex University Hospital, however we do commission some services from other hospital trusts too, for example Whittington Health, Royal Free and University College London Hospital (UCLH). Specialist services, such as kidney dialysis and neonatal critical care are sometimes commissioned by NHS England, rather than the CCG.

- **The vision of the Integrated Care System sounds great but what does it actually mean? Will there be cuts to services?**
    In 2016, NHS organisations and local councils came together to form the North Central London sustainability and transformation partnership (STP), working together to improve health and care for patients.

    This partnership is now evolving to form an integrated care system, a new type of even closer collaboration. NHS organisations, in partnership with local councils and others, will work together to manage resources, deliver NHS

standards, and improve the health of the population of North Central London (Barnet, Camden, Enfield, Haringey and Islington).

With our NHS organisations working together in this way, alongside councils and drawing on the expertise of others such as local charities and community groups, we can provide better and more joined-up care that is tailored to the individual needs of patients and residents.

The aim is not to cut services, but to look at how we can collectively make decisions on best using resources to have the biggest impact on health and wellbeing.

- **Once the five North Central London CCGs have merged what will the governance arrangements be?**
  Proposals for the future governance arrangements for a merged North Central London CCG are being developed and will be shared with partners as this work proceeds.

- **How will the NCL integrated care system link with local democratic accountability in local authorities?**
  The local democratic accountability that Councils hold will remain unchanged but Councils will work closely with NHS organisations and others as partners within the North Central London (Barnet, Camden, Enfield, Haringey and Islington) integrated care system, working together to manage resources, deliver NHS standards, and improve the health of the population.

- **Is the eye services, run by Moorfields at St Ann's hospital, going to close, in light of the redevelopment plans at Moorfields?**
  The network of Moorfields services across London, including Moorfields at St Ann's Hospital, and further afield would continue to deliver and develop services for patients, as it does now. We would continue to adapt our wider care network to take advantage of new technology, advances in eye care and the many future opportunities offered by the proposed new centre.

  Although the current proposal does not include changes to the Moorfields services at our 30 other sites, these will be considered as part of a wider review of ophthalmology services across London by the North Central London Sustainability and Transformation Plan team.

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5. General comments

- There was good coverage of NHS campaigns about 111, GP hubs etc
- How is any of what we saw and heard, going to be implemented when we do not have enough GPs, Community Nurses, Housing(adaption), Supported

Housing, Family housing (over 3 beds). Also austerity, more children than ever before are in poverty, food banks are being stretched to their limit. And again I will say knife crime, because, whatever panel this is addressed by it's not enough.

- As a carer myself I know first - hand how difficult it is to deal with the NHS, DWP and still get the best for the people I care for. I end by asking, please listen to us. We live your plans every time you make new ones. Sometimes we shout, sometimes we cry out of utter frustration at yet more bonkers ideas. So please remember at the end of your proposals we are people, just like you.

General questions

- **Are service leaflets available in libraries still?**
  Haringey CCG promotes services such as the GP hubs which offer evening and weekend appointments, in local libraries. We also promote events such as our public meetings in libraries. Some healthcare providers may promote their services via leaflets which they may circulate to libraries too.

Suggestions for future meetings

- Focus on the health elements of the Long Term Plan and what these mean for people e.g. diabetes, cancer, mental health.
- Involve the group in the development of the borough partnerships.

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