

Haringey CCG Network Meeting - Thursday 23 March 2017

Meeting Notes

Present*: Ivy Ansell (PPG Representative), Rod Wells (38 Degrees), Lauritz Hansen-Bay (Hornsey Pensioners Action Group), Miranda Taggart (Teens and Toddlers), Lesley Walmsley (CCG Patient Representative), Faridoon Madon (PPG Representative), Jasmine Ashley (CARIS Haringey), Geoffrey Ocen (The Bridge Renewal Trust), Anne Gray, Jo Salter (Healthwatch Haringey), Charmaine Smith (Healthwatch Haringey), Glynis Kirkwood (Lordship Hub) Tim Deeprise (Haringey CCG), Becky Kingsnorth (Islington CCG), Lizzie Stimson (Islington CCG).

* The CCG extended an invitation to members of the Bridge Renewal Trust's Voluntary and Community Sector Forum for this Network meeting.

Overview:

Network Chair Cathy Herman opened the meeting with an update on the North Central London (NCL) executive team. Helen Pettersen has been appointed as the Accountable Officer for all five NCL CCGs; Simon Goodwin has been appointed as the Chief Finance Officer for all five NCL CCGs; Paul Sinden has been appointed as the Director of Performance and Acute Commissioning and Tony Hoolaghan has been appointed as the Chief Operating Officer for both Haringey and Islington CCGs. She mentioned that the recruitment process is still underway for the Director of Strategy post.

Cathy also mentioned that Haringey CCG has put out an invitation to tender for an organisation to support us with our patient and public engagement activities for 2017-18. This work will include assessing the current structure of the Network, reviewing and expanding the membership, as well as looking at the format for future meetings. The Network will be kept informed of any changes.

Lizzie Stimson, Engagement Lead for Islington CCG then presented a draft proposal for the Haringey and Islington Wellbeing Partnership Community Reference Group. The Community Reference Group's proposed role is to provide assurance that thorough engagement is taking place across all the Wellbeing Partnership workstreams. Lizzie asked the group for feedback on the proposed role of the Community Reference Group and how it should be supporting the Partnership's workstreams with their engagement. Lizzie noted that the proposal is at a very early stage of its development and will need to be discussed and refined by all the Partnership organisations over the next few months.

The second half of the meeting followed with an update from Becky Kingsnorth, Head of Service Transformation at Islington CCG, around the Musculoskeletal (MSK) service review. The Network had previously provided feedback on this topic, and now the group had the opportunity to see how their feedback has been used and offer further suggestions.

Lastly, Cathy opened up the floor for a group discussion about the impact of moving more healthcare services from hospitals and into the community, based on a [winning essay submitted to The Kings Fund](#).

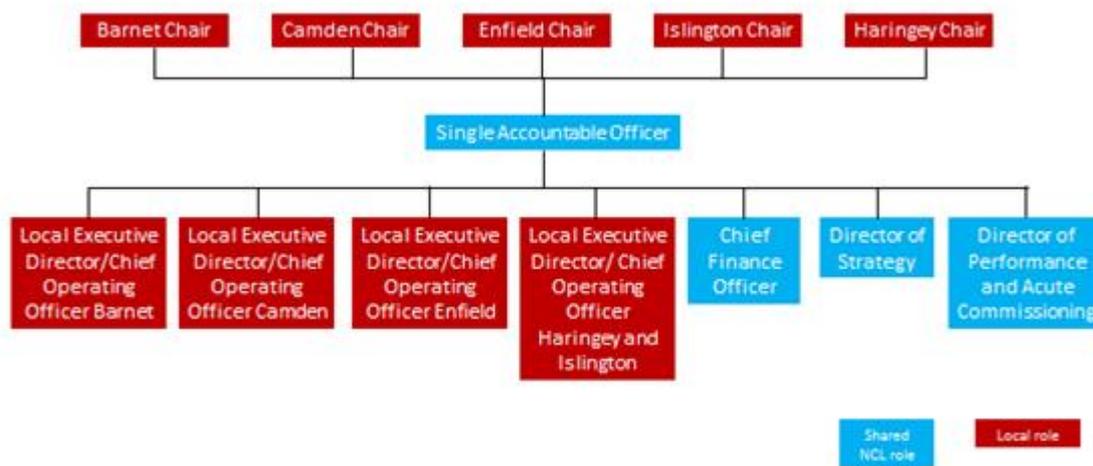
This document summarises the discussions and feedback on these areas and includes responses to the questions that were raised.

General questions and answers

- **What will the North Central London management structure look like?**

Please see the diagram below which outlines the new management structure for the North Central London (NCL) CCGs. Helen Pettersen, who has been appointed as the Accountable Officer for all five NCL CCGs, will also be the 'Convenor' of the NCL Sustainability and Transformation Plan (STP). However, the delivery of the STP involves local authorities and providers, as well as the CCGs, and appropriate governance arrangements will be put in place across all organisations.

For the five CCGs, there will be one Accountable Officer across NCL (Helen Pettersen), who will be supported by one Chief Finance Officer (Simon Goodwin), one Director of Strategy (Will Huxter) and one Director of Performance and Acute Commissioning (Paul Sinden), who will all work across NCL. The Chief Operating Officers from Barnet, Camden, Enfield and Haringey and Islington (joint post) will also report to the Accountable Officer.



- **Which organisation will the successful bidder of the engagement partnership tender be working for? Will it be all the CCGs across NCL?**

The successful organisation of the engagement partnership tender will be supporting Haringey CCG with our patient, public and community engagement work during April 2017- March 2018. This will include supporting the organisation of our public meetings, our patient and voluntary sector engagement network and supporting engagement with our diverse community in our commissioning work. The partnership will enable us to reach wider communities, particularly those we wouldn't usually hear from, ensuring that a more diverse group of people can help us to inform our commissioning.

- **Have Age UK services in Haringey been replaced?**

Age UK Haringey delivered a number of valuable services in Haringey. Haringey CCG and Haringey Council have been working together to ensure that any services that they funded could continue with alternative providers. These have included the transfer of the following services:

- Handyperson Scheme has transferred to Homes For Haringey (joint funded by Haringey Council and CCG)
- Stroke support service transferred to Stroke Association (joint funded by Haringey Council and CCG)
- Befriending service transferred to Bridge Renewal Trust
- Dementia befriending service transferred to the Memory Clinic
- Information Advice and Guidance – led by Citizen's Advice Bureau in collaboration with Age UK. The Age UK element has been transferred to Public Voice (current provider of Healthwatch Haringey). Haringey Council funds this service.

Haringey and Islington Wellbeing Partnership Community Reference Group

Questions and answers

- **The workstreams within the Wellbeing Partnership seem to link together, will they work separately or collectively when engaging with the community?**

The workstreams within the Wellbeing Partnership do work together when there is an opportunity to do so. The people leading on each of the workstreams meet every two weeks at our Delivery Board to discuss their current work and how they can collaborate, to avoid duplication, particularly around engagement.

- **During the engagement process for each workstream, will there be any links with engagement networks like this and how will they complement each other to ensure there is no overlap?**

Yes there will be links to this network and other patient groups during the engagement process. We hope that because of the engagement approach taken by the Wellbeing Partnership, the risk of overlap will be minimised.

Each Workstream Lead will meet with the Engagement Lead to plan engagement activities. The Engagement Lead will take an active role in the workstream working groups and meetings to understand what is happening across the partnership.

The Workstream Leads will then report back on the engagement which has taken place. Engagement will also be discussed through the Wellbeing Partnership delivery board.

We will also look at bringing each of the Workstream Leads together to discuss the engagement they have planned to minimise risk of overlap.

We have already begun to pull together some points that relate to services generally – things that people have told us are important to them - which were collated from all of the community research we gathered from Haringey and Islington residents. This research has been shared with all Workstream Leads.

- **What is the next stage for the community reference proposal and will you be reporting back? It would be good to see how our feedback has been used.**

Yes we can report back. The next stage will be to have some more internal discussions with all the partner organisations on how this group could work and be put together. This would involve a further chat with both Haringey and Islington Healthwatches (Islington Healthwatch developed this original proposal and Haringey Healthwatch were very supportive at the meeting). From here we will take it to the Wellbeing Partnership Delivery Board for discussion and final approval.

- **We need to be mindful of social exclusion, particularly when engaging with older people. How will you overcome that?**

This is a very good point and social exclusion does not just refer to older people but would also include other community groups such as people with significant mental health needs.

One of the key engagement objectives of the Wellbeing Partnership is to work with those groups who are vulnerable or excluded, and to be 'inclusive' in our engagement. It is important to highlight that the partnership is a whole population approach with frailty and long term conditions being key groups we are working with.

In practice this means working with each Workstream Lead to identify what information we already have from local communities, where there are gaps, and who we need to speak to.

We would work with the local voluntary sector and community organisations to speak with local people across workstreams. It is really important to highlight that this approach is rooted in the ethos that we do not expect local people to come to us, but rather we will go to them.

Socially excluded groups are one of the harder groups to identify and speak with, but there are a number of projects and organisations that we would work with to reach out to those people.

We can provide further information on projects where we are already reaching out to vulnerable or excluded communities.

- **Older people are not mentioned as one of the workstreams, why is that?**

The workstreams (except Children and Young People) address services for people of all ages. The Frailty and Intermediate Care workstreams are looking at services which are mainly used by older people. We try not to see age as a barrier to any service.

Comments/themes:

Linking with the Voluntary and Community Sector (VCS)

- Linking with voluntary and community sector organisations would be useful for engagement with hard to reach groups.
- It could be useful to look at engaging community groups across Haringey, who have a lot of members that might not necessarily be engaged with this network or a part of the local VCS forum, such as Neighbourhood Watch.
- It could be useful to engage with schools and link in with groups such as Parent Teacher Associations (PTAs).

Diversity

- Haringey is very multicultural, therefore this needs to be considered throughout the engagement process.
- It would be useful to see an engagement plan for each workstream to see which groups will be engaged and ensure diversity is covered.

Engaging with vulnerable groups and people

- The challenge will be to ensure hard to reach groups e.g older people do not miss out on engagement opportunities.
- Social prescribing initiatives are a good way to combat social isolation and ensure that vulnerable people are being reached.
- The most vulnerable people are not always engaged with community groups and therefore emphasis needs to be on working with providers to engage with individuals who use local health and care services.
- Workstreams need to ensure they consider creative ways to engage with isolated individuals.

Musculoskeletal (MSK) Service Review

Questions and answers

- **Why is Haringey not involved in the trial project with the physiotherapists and extended scope practitioners?**

The practice based physiotherapists and extended scope practitioners trial has grown out of a particular interest in this model by a number of practices in Islington, which provided us

with a starting point. In fact a practice in Haringey is trialling a similar model and we will seek to learn from this as well.

- **There is reference to how Whittington Health are involved in the MSK review, in what way is North Middlesex University Hospital involved?**

Whittington Health is one of the organisations involved in the Haringey and Islington Wellbeing Partnership. This is because Whittington Health services are used by many Haringey and Islington residents. The other hospital trusts and services that are used by Haringey and Islington residents are also part of the MSK review, for example clinicians from North Middlesex and University College Hospital London have been involved in commenting on the MSK plans, and on the proposals for changing services.

- **What is the local policy on using and returning mobility equipment such as wheelchairs and crutches?**

When a client is eligible for the provision of a wheelchair, The [Mobility and Seating Solution Service](#) provides them with a wheelchair free of charge until they no longer require it. They can either contact the Mobility and Seating Solution Service or the wheelchair contractor to arrange collection. The service also offers a free annual inspection for all clients with a wheelchair. They will then repair any damages for free, within reason and where necessary.

There are other services across the Borough which provide crutches, including the [Integrated Community Therapy Team \(ICTT\)](#). These services have their own policies and procedures around using and returning mobility equipment.

- **Is the wheelchair clinic at St Ann's still available?**

The [Mobility and Seating Solution Service](#) (formerly the Haringey Wheelchair Service) provides a comprehensive service for adults and children with permanent/long-term mobility problems. The Service provides assessment, advice, provision and maintenance of prescribed wheelchairs with their accessories and associated special seating equipment.

The Mobility and Seating Solution Service is now based at 3 Edwards Drive, Bounds Green, London N11 2HD (after moving from St Ann's Hospital on the 27th April 2015).

Patients can be referred to the service via their GP.

You can find out more information about the service on the [Whittington Health website](#).

Comments/themes:

Communication

- There should be training for staff who conduct telephone appointments to ensure so that they are relaying information in a clear manner so patients can understand.
- Communication between Specialists and patients could be improved, as in some cases, patients have to wait a long time to speak to a Specialist.
- Online consultations, via Skype for example, could be offered to hard to reach patients who might have difficulty attending appointments.
- If a patient is waiting a long time to see or speak to a specialist, they could be signposted to advice and support provided by charities, such as information on their websites.

Social isolation

- Physiotherapy group sessions could be a good way to stop people from becoming socially isolated, as well as be a motivator to do exercises and get better.
- It would be good to have a few group sessions across the Borough, so that patients can easily access at least one.
- It can be difficult for people who need physiotherapy to access sessions. Please consider whether transport will be provided to help people access sessions.

Essay Discussion – What if the NHS moved most care out of hospitals?

Community services:

- There needs to be a shift towards prevention, which means using local voluntary and community organisations to provide care and support. However, it is difficult to disseminate information about community organisations via GP Practices, and these services are not being utilised enough.
- We need to connect Practice staff and local community groups so that they can help to promote local services.
- This thinking would work alongside the idea of bigger practices offering more services, as local people would get to know local providers.

Social enterprise:

- Haringey Time Credits is an example of a good social enterprise, where volunteers offer their time to help people in exchange for time credits to enjoy a social activity.
- The model sounds good in terms of preventing social isolation, however we need to ensure people are being paid fairly where possible.
- Supporting families and carers as well as the patient is extremely important.
- There is quite a lot of emphasis on volunteers and unfortunately there is not enough to meet the current demand.

General comments:

- This is not really realistic, it might work for some areas but not for all. In order to achieve this, there will need to be double expenditure on what we are currently doing and what we want to achieve in order to bridge the gap, which is difficult when the NHS is struggling financially.
- The right resources need to be available to build up services within the community before making the transition away from hospitals.