

Haringey CCG Network Meeting – Thursday 17th November 2016

Meeting notes

Present*: Erin Robinson, Esther Myerson (PPG Representative), Lynn Hannah (Citizens Advice Haringey), Dr Charlotte Woodhead (UCL), Councillor Pippa Connor (Haringey Council), Gavin Eastley (Clarendon Recovery College), Mridu Thanki (Asian Centre), Lourdes Keever, Adam Weatherhead (Nafsiyat Intercultural Therapy Centre), Ivy Ansell (PPG Representative), Dylan Kerr (HAGA), Carol Irish (Haringey Council), Sandra Hoisz (Groundwork), Tracy Douthwaite (Twining Enterprise), Charles O'Sullivan (St Mungos Broadway), Lesley Walmsley (Patient Representative), Peter Richards (Patient representative) Geoffrey Ocen (Bridge Renewal Trust), David Stout (NCL STP), Faridoon Madon (PPG Representative), Penny Fraser (HAIL), Bola Aworinde (ERADA Disability & Advocacy), Gordon Peters (Haringey Older Peoples Reference Group), Anne Gray (Haringey Older Peoples Reference Group), Kellie Dorrington (Citizens Advice Haringey), Mike Wilson (Healthwatch Haringey), Gareth Morgan.

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

Overview:

The network meeting focused on the changes in the NHS, particularly around the North Central London (NCL) Sustainability and Transformation Plan (STP), and Haringey and Islington's Wellbeing Partnership.

Rachel Lissauer, the CCG's Acting Director of Commissioning, gave an overview of the planned changes to the workforce structure across North Central London (NCL) as outlined in the STP. The proposal is to have one Chief Officer and one Chief Finance Officer to work across all five CCGs (Haringey, Barnet, Camden, Enfield and Islington) in NCL.

David Stout, the Programme Director for the NCL STP, provided an update about the plan and the proposed case for change. His presentation highlighted the plan's priorities and how these will be achieved. David asked for feedback on the suggested priorities and how the network would like to be engaged in the process of further developing the plan.

Rachel Lissauer then delivered a presentation on the Haringey and Islington Wellbeing Partnership, which outlined the partnership's objectives and how these would be implemented across Haringey and Islington. The group provided general feedback around the partnership.

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

Sustainability and Transformation Plan:

Questions and answers

- **The financial strategy seems high risk, how realistic is it?**

The draft STP includes a financial analysis. The plan at the moment does not fully achieve financial balance by 2020/21 so we will continue to work on the details. We will also ensure that the planning assumptions are rigorously tested to ensure that they are realistic.

- **What is the link between vanguards and the STP? Will they feedback into the STP?**

Between January and September 2015, 50 vanguards were selected across the country to take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. The vanguards within the NCL STP footprint – such as the cancer vanguard and the hospital chain vanguard – have been incorporated into the overall STP and will develop innovative ways of working which we will be able to build on across NCL.

- **What is the timescale for the implementation of the plan? Will it run for at least 5 years? What is the life span?**

The STPs are plans to bring about sustainable change to the way health and care services are commissioned and delivered. The current plan is for five years, however we need to make changes that will make the health and care system sustainable over the longer term. We will always be seeking to improve services and looking for ways to be more efficient. The NCL STP is about improving services but also about how we can keep people healthier and more independent. By helping people stay well we can reduce the burden on the system and make sure that services are available when people need services the most.

- **Is the STP a legal entity?**

No, the STP is not a legal entity but a process for health and care service providers, local authorities, CCGs and other partners to work together to improve services and make the health and care system more sustainable. The NCL STP has a project team working to support organisations through the transformation programme.

- **How do community services link into the STP? Do we get advice/support/money? Would like some more info on links with voluntary/community services.**

We will be keen to engage voluntary/community services as we develop the details of the plans. It is possible that voluntary and community services may have a role to play in delivery of the plans, but at the moment the plans are not at that stage.

- **How are you going to invest in and improve primary care to cope with the changes set out in the STP?**

The draft plan includes investment in primary and community services to support an increased focus on prevention and identifying ways to keep people healthier. By supporting people to be healthy and to continue to be independent as

they get older, we can reduce some of the burden on the health and care system.

We will want to find ways to help people to stay out of hospital and how people can be cared for closer to or at home. We want to support primary care to help people better manage their health through education and early intervention and reduce the risk of their condition escalating and hospitalisation.

Levels of investment in primary care over the next two years will be confirmed in the next few weeks.

- **What is the governance and leadership structure and who has a say in what? How can the public be involved?**

The five CCGs in North Central London have agreed a shared commissioning strategy outlining how they will work together to deliver the NCL STP, and as part of this, a shared financial strategy has also been agreed. There will be a new shared CCG governance structure to effectively make decisions and commission services (a joint committee). A joint committee will be established across North Central London with delegated authority to jointly commission some services. This includes acute services, transforming care, specialised services that aren't commissioned by NHS England and all integrated urgent care.

A new joint CCG management team will be put in place to support the changes in commissioning arrangements. This includes the creation of four joint management posts: Accountable Officer, Chief Finance Officer, Director of Performance and Acute Commissioning, and Director of Strategy. Responsibility for commissioning other services will remain with individual CCGs and a Managing Director will be appointed to lead each of the local teams (with a shared Managing Director for Islington and Haringey CCGs).

All CCGs will retain their governing bodies and remain as the local statutory accountable organisations.

We have started a programme of public engagement. We are fully committed to developing the plan with the users of our services, the general public and public representative bodies and will continue to involve them as the plan progresses over the weeks and months ahead. The public are invited to participate through a range of engagement activities and are also encouraged to submit questions and feedback to the STP PMO office (nclstppmo@nhs.net).

People can also participate in engagement process run by the local authorities, CCGs and NHS providers.

- **Pooled budgets between CCGs and local authorities will be needed to support this transformation to happen. Is this part of the plan? If not, how it will work in practice in light of the different funding allocations for each area? E.g. if some boroughs have more, will they be happy to give to the poorer ones?**

The plan is not dependent on the pooling of budgets between CCGs and local authorities, although there are areas where this may be helpful. There are legal powers to do this where agreed. The CCGs remain sovereign bodies with funding allocated for their local populations. However, they have agreed to develop a single financial strategy across the five CCGs.

- **How does the deficit mentioned in the plan work? Why will it get bigger and why are NHS organisations allowed to carry over deficits from one year to the next?**

The draft STP does not currently achieve financial balance. We are therefore continuing to look for opportunities to reduce spend without negatively impacting on health and wellbeing or quality of care. CCGs have a statutory duty to

break even each year, but have 'control totals' agreed with NHS England.

- **Are you looking at good transformational practice in other areas to see what we can learn? E.g. Northumbria / Lambeth and Southwark?**

All STPs are looking at how to identify pockets of good practice and how this practice may be applied in a different location. The vanguards will feed into the STPs in this way as will the work from the [Integrated Pioneer Programmes](#) and other good practice initiatives.

NHS England and NHS Improvement also have a role to play in sharing good practice from across the country.

- **How have local authorities/councillors (not just those in the cabinet) been involved in the development of the STP and are they on board? How are they being kept informed?**

We are working together with our colleagues across health and social care. Each workstream is a collaboration of people from organisations across the NCL, including local authorities. Communication with councillors to date has been through the local authority representatives within the STP governance structures, although we recognise the need for wider engagement as the plans are developed. We are also currently exploring the best way to engage Health & Wellbeing Boards.

- **How can one accountable officer service 5 CCG governing bodies?**

The single accountable officer will work on behalf of the five governing bodies, with the support of locally based managing directors. There are examples of this approach working in North West London and North East London.

- **What is the distinction between the Accountable Officer, Chief Finance Officer and the Managing Directors?**

The Accountable Officer and Chief Finance Officer have statutory responsibilities for the CCGs. The local Managing Directors will have delegated managerial responsibilities and will report to the Accountable Officer. The job descriptions as they are developed will set out the detailed responsibilities of the various roles.

- **Are all boroughs in agreement about the STP?**

The NCL STP is a collaboration of organisations across the NCL footprint. All organisations agree that we must make the system more sustainable. The organisations include providers, CCGs and Local Authorities. At this point in time the draft plan is still a work in progress and we are working together to identify how we can improve the health and care system. We will be engaging with all organisations and with patients, clinicians, staff, residents, families and carers to listen to their needs and respond to concerns about how services might be different.

- **What are the plans for St Ann's under the STP?**

Barnet, Enfield & Haringey Mental Health Trust has developed an outline business case to develop the St Ann's site. This is supported within the STP, but the next stage is develop a full business case which will set out the plans in more detail.

- **How can we make social care working more attractive?**

Social care work can be an incredibly rewarding career. The NCL STP will have a focus on prevention and early intervention. This can have a positive impact on the demands of social care work. If people are supported and diagnosis is made early, most people feel more able take care of themselves, and access social care when required. It is important that people with more complex needs can access the right care at the right time.

- **Will there be more engagement after December?**

Yes, engagement will continue throughout the STP process as the plans develop in more detail. It is important that the views and opinions of service users, carers, families and residents, as well as those of clinicians and people working in the health and care sector, are taken into account.

General comments/themes

Plan framework:

- Great idea for organisations to work in a more integrated way, however the challenges will be huge to make it work successfully e.g need the staff and resources
- Hard to disagree with the aspirations in the plan, however, a feeling that we've heard all this before.
- Hopefully the STP will lead to more good practice/clinical knowledge/standardised procedures being shared within all the organisations across the boroughs, particularly on specialist areas/ conditions such as learning disabilities, discharge planning.
- Joining up of CCGs will make life easier for providers (especially small providers) who currently hold different contracts with different CCGs and have to do things in slightly different ways for each borough.
- If we commission at 5 borough level, everything needs to be seen in conjunction.

Finances:

- Concerns about the budget as people are ill now. We need more money now then we can solve problems in the long run.
- There is still a big expectation from services even though there are funding cuts/closures.
- Sharing budgets will be critical. Residents should be able to receive the same high quality services and care despite the borough they live in, if budgets are pooled.
- Access to transformation funding is needed.
- Fear of privatisation. NHS England introducing the STP as a way to set up the NHS to fail in order to ultimately move towards privatising health services.

Information and Governance systems

- Big challenge will be getting health and social care services talking to each other, as each department has different information and governance systems.
- Both systems need to be integrated or talk to each other, so that we can encourage joint working.

Prevention:

- Prevention for the very young and very old are important health and social care issues.
- Better preventative care and community based support is needed. More money needs to be invested in prevention.
- More advocacy required to support people to take more responsibility for their health and prevent the onset of certain long term conditions.
- Agree with the STP priorities of prevention and integration of mental and physical health.

Care in the community/primary care/social care

- Need to have right workforce/structures in social care to deal with people coming out of hospital.
- Social model of care needs to be built into the clinical model of care/STP and there needs to be more social prescribing.
- Lack of resources or opportunities to enable people to take care of themselves. Improving access to primary care and community services will help more people to manage their health more effectively.
- Need to make sure population is well informed about rights to register at GP as will save money for hospitals.
- Concerns around the pressure that will be placed on primary care services. Already have a GP shortage in Haringey.
- Mental health needs much more attention as all communities face stigma, therefore we need to remove these barriers so people can speak out and access support.

STP Engagement

- Genuine interest and desire to be involved. An implementation plan is needed before people can meaningfully discuss and input.
- There needs to be more engagement around specific priority areas within the STP e.g where money could be saved or the quality of service improved.
- Formal meetings should be arranged between the professionals/key decision-makers and service users for their input in advance of critical decisions being made to ensure transparency.
- Clinicians must be involved in the consultation and planning process to make systems work and they have to be cost effective as well.
- Information is important - there should be leaflets etc in strategic places e.g libraries, community centres, GP surgeries, events.
- Making the effort to involve and get feedback from more hard to reach groups e.g. individuals with learning disabilities.
- Information needs to be user friendly.
- One example of engagement is the Community mental health work stream, which has set up an engagement reference group.

General comments:

- St Ann's site not given very much attention in the STP.
- Needs to be a commitment to working with the voluntary sector.
- Frustration at short term contracts e.g Neighbourhoods Connect. Don't have time to bed in and can't evidence findings robustly enough.
- One really transformational suggestion is Care Closer to Home Integrated Networks (CHINs), which includes a number of services provided by voluntary and community organisations, to provide a more integrated and holistic, person-centred community model, including health and social care integrated multi-disciplinary teams (MDTs), care planning and care coordination for identified patients.

- Should be more in the plan about working with London Ambulance Service.
- There should be more detail in the plan, it needs a harder line.

Haringey and Islington Wellbeing Partnership:

Questions and answers

- **What is the governance and what would that look like? How will the joint committee fit in when the STP is rolled out?**

The governance of the Wellbeing Partnership has yet to be drafted and agreed. Based on a legal agreement between the parties, it will need to provide a forum for partners to make decisions on use of funds and monitor performance. There will be reporting routes to the partner organisations' Governing Bodies.

In the meantime, the chief executives of the partners meet at a monthly Sponsor Board. A joint meeting of the Health and Wellbeing Boards receives progress reports and considers suggestions for future development.

- **At what stage should scrutiny be implemented? Across the two boroughs or across all five boroughs?**

Scrutiny might best be implemented once the Partnership has been established and has had time to have an impact on services. This is best done on across the two boroughs. Services commissioned on a five borough footprint will be scrutinised separately.

- **What is the difference between the STP and the Haringey and Islington Wellbeing Partnership?**

The STP is a financial and service transformation plan required of the NHS organisations in the 5 boroughs. The Wellbeing Partnership is seeking service transformation proposals from clinicians and managers working at a local

level building on positive local working relationships. Social Care is playing a significant role in that work.

- **In one of the slides in your presentation, you mention a stakeholder forum. How does the stakeholder forum work and how can voluntary organisations get involved?**

We have yet to develop the stakeholder forum, and this Network meeting is an early opportunity to explore how stakeholders might wish to be involved. We are currently developing plans for communications and engagement to support the Partnership, and we will make sure we keep the Network members informed as things progress.

- **If you aren't going to involve people until a business plan has been developed, how is that putting people at the heart of what you do?**

There are two types of work being undertaken by the Wellbeing Partnership. One is to develop the form of the partnership itself – should there be one, should it be a legal partnership or a completely new organisation? At the same time we have identified at least four services which might be improved by closer working between organisations. As is usual we will involve stakeholders from the beginning in discussions about how those services might be improved. We have looked at all engagement work undertaken in the past two years by all organisations in the partnership to help inform us and to understand the needs of our community. This includes all the feedback on different services that the Network has contributed over the years.

- **Are there any serious discussions between Haringey and Islington around joining mainstream budgets?**

The discussions between the councils and CCGs in Haringey and Islington about working closer together could lead to the joining of mainstream budgets. The discussions are exploring the benefits from doing this and the legal changes required to make this possible.

- **How do you influence service development and who do you need to contact? E.g Improving Access to Psychological Therapies (IAPT) service not dealing with people who have alcohol problems.**

When we are looking at specific service developments, we often link with Healthwatch or the Bridge Renewal Trust and our Network. We also advertise for patient reps to be involved in service and pathway work through our website and other networks. If you would like to be added to our mailing list, please do let us know: info@haringeyccg.nhs.uk / 020 3688 2729.

There are also lots of ways you can provide feedback on local services, either to the service provider directly (the IAPT service provider is [Whittington Health](#), for example) or through [the CCG](#).

General comments

- Working should be joined up at ground level in order to make savings.
- Voluntary sector would like to be involved in forum/discussion.
- Review provider contracts across the boroughs and look at a more unified way of commissioning.
- The partnership will support less variation and less duplication which is a positive thing.
- People thought the idea of seeing if Haringey and Islington can work together in this joined up way was a good idea, before trying to work across 5 boroughs on the STP.
- Integration in Haringey is currently just small pilots that seem to then disappear e.g. Neighbourhood Connects. Bigger scale transformation and integration is needed within Haringey which should underpin everything in the programme.
- Concern that Haringey is starting from a lower base compared to Islington, especially in regards to the services

the Whittington provides for Haringey residents and social services.

Engagement

- Need representatives from the community and voluntary sector, as well as service users to join all the work streams as part of the engagement process.
- There needs to still be room to make changes to the business plan during the engagement process.
- Invite people from Islington to future meetings.
- Identify genuine questions which people can meaningfully discuss and input into to shape parts of the programme.

General questions and answers:

- **Inner London boroughs get more funding per head for over 75s than the outer boroughs do e.g Haringey. Can Haringey get this?**

Haringey is classified by NHS England as an outer London Borough. Unfortunately, despite efforts to demonstrate that demographically we have more in common with inner London boroughs, we are not able to control the way that the area is classified.

- **What is replacing Age UK's advice and befriending services? How is it being organised in the future?**

We are working with Haringey Council, including the public health team, to determine the best way we can reduce social isolation. We have previously funded services like Neighbourhoods Connect to try and tackle social isolation and we want to build on this experience to make more of an impact in the future.

A range of initiatives exist in Haringey that use different approaches to support community health and wellbeing and help reduce isolation e.g.

- [Making Every Contact Count](#) (training front line staff to promote healthy living)

- [Spice](#) - a volunteering programme where you can earn time credits that can be spent in local businesses (e.g. art classes or theatres)
- Self-Management Support (using workshops with expert patients to help people manage their conditions).

It is the vision of Haringey that these different initiatives will be better connected and work collectively to target people who will benefit the most. Haringey is also exploring any gaps in provision. A number of these services are, and will be, delivered through the community and voluntary sector.