Patient and Public Participation Committee
Thursday 5 July 2018 – 1000-1200hrs
Clerkenwell Room, 2nd Floor, Laycock PDC
Laycock Street, LONDON N1 1TH

AGENDA

Please look over the agenda and think about which of these topics might present an area of conflict for you. This means an item where a decision or recommendation made may advantage you, your family, and your workplace or business interests. These advantages might be financial or in another form, perhaps the ability to exert unseen influence.

Where anything on the agenda has the potential to put you in such a position, or is raised during the meeting, you should tell us all about it. This means we can ensure that our decisions, recommendations or actions can be protected from the impact of any possible conflict you or others could have.

If you are unsure it is always best to raise the possibility with the Chair before the meeting, or at any point during the meeting. This openness is important as we can all discuss how to manage decision making in a complex environment that involves public money.

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<td>Matters Arising</td>
<td>Chair verbal</td>
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<td>1020-1030 (10)</td>
<td>Sustainability and Transformation Plan (STP) update</td>
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<td>Children’s Commissioning Update Report</td>
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<td>1100-1110 (10)</td>
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<td>Update on Public Consultation on St. Pancras Re-development</td>
<td>ES 10.1 37 10.2 41 10.3 60 10.4 67</td>
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<td>1135-1145(10)</td>
<td>PPP Strategy Update</td>
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<td>Haringey &amp; Islington Engagement Overview</td>
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<td>Any Other Business</td>
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**Dates of Next Meetings**

6 Sep ‘18 1 Nov ‘18 ??Jan ‘19
1000-1200hrs, Clerkenwell Room, Laycock PDC, Laycock Street, N1 1TH
Minutes
Patient and Public Participation Committee
Thursday 3rd May 2018, 10am-12pm
Clerkenwell Seminar Room, 2nd floor, Laycock Professional Development Centre (PDC), Laycock Street, London, N1 1TH

Members Present:
Dr Katie Coleman  KC  CCG Vice-Chair, PPP Committee Chair
Kay Dixon  KD  Community Member
Tony Hoolaghan  TH  Chief Operating Officer
Nicola Maskrey  NS  Collaborative Commissioning, Islington Council
Dr Jo Sauvage  JS  CCG Chair
Emma Whitby  EW  Chief Executive, Healthwatch Islington
Ian Huckle  IH  Joint Practice Manager Representative
Sorrel Brookes  SB  Lay Member

In attendance:
Emer Delaney  ED  Head of Communications and Engagement, Haringey and Islington CCGs
John Pritchard  JP  Senior Communications Manager, Haringey and Islington CCGs
Rebecca Kingsnorth  RK  Associate Director Primary Care, Islington CCG
Rachel Lissauer  RL  Director of Wellbeing Partnership, Haringey and Islington CCGs
Richard Dale  RD  Head of Programme Management, NCL STP

Apologies:
Elizabeth Stimson  ES  Senior Engagement Manager, ICCG
Jennie Hurley  JH  Practice Nurse Representative

Minutes:
Muna Ahmed  MA  Interim Corporate Support

1. Welcome, Introductions and Apologies
KC welcomed all and introductions were made. Apologies were received from JH and ES.

2. Declaration of interests
None declared.

3. Minutes, Action Log, Risk Register and Forward Planner
The minutes from the January meeting were approved as an accurate record of the meeting, subject to amending page 3 to say “...is used to inform discharge summaries.” Action also to be updated to say “DW to include feedback from PPP and Healthwatch report when developing the discharge summary, in order to consider the patient’s needs.”

KC noted that some papers that were due to be presented this month, have not been put on the agenda. The reason for this was because they were ES’s papers, who is not in attendance to present the papers.

Action log
17.07-03 – ES to present a paper on engagement data, in March. Emer to pick up with ES and add to the agenda in July.
17.09-01 – Comparison between patient and public engagement between H&I. Add to agenda for July meeting.
17.09-02 – Reward and recognition policy – policy was circulated. This has been discussed this at the executive management team meeting (EMT). TH and ED to discuss governance process to take this forward.
17.11-02 – TH confirmed there has been a discussion about an executive member attending this committee. TH has agreed to attend the PPP Committee as the executive member. Close
18.01-01 – Richard Dale is in attendance and informed all that new Head of Communications and Engagement for STP will be starting in May. Close
18.01-02 – DW to be reminded to include feedback from PPP and Healthwatch report when developing the discharge summary. Open
18.01-03 – Close
18.01-04 – PW to include text about providing interpreting services for patients in ALL specifications, not just planned care. Open
18.01-05 – Clare Henderson to be reminded to ensure Whittington Health and Moorfields involve patients and the public in their interpreting procurement process.
18.01-06 - Close
18.01-07 – On agenda. Close

**Action:** TH & ED to look at governance for Reward and Recognition.

**Risk Register**

Risk 425 – it was agreed to have the update on STP engagement first. The Committee agreed that the new communications and engagement person starting in May, should be added to the mitigation section of the risk.

Risk 431 – there was a query about the mitigation regarding a pledge between Haringey and Islington councils and Health and Social Care and whether it had been finalised. NM to provide more information on the pledge.

SB queried whether there is a need for an Equality & Diversity risk, given that employment figures for black, minority ethnic staff show that they are less likely to be appointed for posts and that the workforce does not reflect the community. There was consensus that the E&D risk would need to be developed, in collaboration with HR.

**Action:** Add new communications and engagement person starting in May in the mitigation section of risk 425.

**Action:** Risk 431 to be reviewed further and amended.

**Action:** NM to provide information on the pledge between Haringey and Islington councils and Health and Social Care.

**Action:** ES to work with HR, in order to develop an Equality and Diversity risk, to address the lack of black and minority ethnic people appointed for posts in Islington CCG.

**Forward Planner**

NM requested for the reports on Joint Commissioning and mental health to be combined and presented at the November committee. All agreed.

There was a discussion about where an update on the health navigation service will be picked up and presented to this committee, as it is important to receive assurance on the service. The Committee was unsure and will ask Clare Henderson to confirm this.

**Action:** Reports on Joint Commissioning and mental health to be combined and presented at the November committee.
Action: Clare Henderson to confirm when health navigation service comes in to effect and which report in will be presented in, to receive assurance.

Action: MA, KC, ES and ED to review and update the forward planner.

4 Matters Arising

TH informed all about the public consultation on the St Pancras redevelopment of the hospital site which is currently going through the governance processes.

TH added that discussions are also taking place with Moorfields’ proposed public consultation and felt that work on both consultations should be reported at this committee. The Committee agreed.

NM would like to ensure that people with learning disabilities who need inpatient care and maternity mental health are included in the consultation. TH will feedback to Jill Britton.

Action: MA to move the update on the Public Consultation on St Pancras redevelopment to the July meeting on the forward planner.

Action: TH to feedback to Jill Britton, NM’s feedback to include people with learning disabilities needing inpatient care and maternity mental health in the consultation.

5. Sustainability and Transformation Plan Update

RD acknowledged the need to be more transparent and communicate more on the work of STP. The new Head of Communications and Engagement for STP will link in with all the NCL Heads of Communications and Engagement.

STP is working with the Joint Health Overview and Scrutiny Committee (JHOSC) on Procedures of Limited Clinical Effectiveness (POLCE). This is being reviewed across NCL, due to discrepancies across CCGs, partial adherence to the policy and the need to look at the evidence, value and resource. This work was initiated in Enfield CCG. The aim is to reduce variation, deliver safe and effective care and re-purpose funding. Recommendations went to JHOSC, where it was identified that a medical decision to carry out a procedure is complex and is a patient centric one with the clinician. National work is being carried out by NHS Clinical Commissioners (NHSCC), called “Value interventions programme”.

STP is proactively working with JHOSC to understand how best to communicate with communities. There is a shift to proactive engagement.

SROs STP meeting – JS reported that there are moving from a transactional position to transformation. Key theme of the meeting was importance of the truth of what we are here to do – responding to the needs of the local population and ensure you have the voice of the patient and resident in commissioning.

Regarding POLCE, EW queried why you would consult if medical decisions have been made and there is NICE guidance. It was explained that JHOSC oversees this and is made up of councillors, overseeing work collaboratively and is a public meeting. There are two members from each borough present. It is a legally sound and robust process. Public needs to know the process. There is national support on this work and at a recent NHSCC Board, people from NICE were in attendance, to ensure all evidence is looked at properly.

KC highlighted the context and challenge section from the presentation and observed that different work streams and delivery plans had different resources around communications and engagement and suggested the way forward is to do it in a more unified way.
KC queried how we are ensuring that we are resourcing the work streams appropriately and how we make sure we are showcasing good practice to the whole system. RD explained that there will be a review of C&E across NCL, then plan and summarise findings. This will be carried out by working closely with NCL communications leads and to ensure alignment across NCL.

6. **Care Closer to Home Integrated Networks (CHINS)**

RK clarified that the report does not address the 4 PPP objectives because they are in the early stages of CHINS.

The Health and Care Closer to Home programme is focused on integrating services around GP practices and their patient populations to prevent long term conditions (LTCs), prevent people developing co-morbidities and complications and manage care closer to home and away from a hospital setting.

The programme has several areas of focus, including improving access to practices, CHINS, Quality Improvement Support Teams (QIST), social prescribing and Primary Care at Scale.

CHIN model is made up of statutory and voluntary sector organisations, with integration between different partners at different times. As well as finding a new ways of working.

THYNKNU tool – characteristics of a well-functioning network.

RK highlighted the Islington map and that they are working on getting all practices into smaller integrated networks, which then form three larger networks – North, Central and South CHIN. They are still receiving feedback on the networks. RK noted that it is important to recognise that we are building relationships on different levels and that when engaging with the community, the network needs to be presented as a coherent entity.

RK highlighted some of the projects CHINS worked on in 2017/18. QIST helped evaluate some of the projects. Some projects are primary care focussed whereas others are community services. For the flu vaccination project, practice managers worked hard to get people vaccinated earlier, as well as increase the number of people getting vaccinated. They are undertaking an evaluation, which is a questionnaire to understand the impact of the flu vaccine publicity campaign and to understand what helps people decide to have the flu vaccine.

To address PPP objective one – “To support people to look after their own health and build the number of people who self-care in Islington.” RK informed all that outside the CHIN work, practices are taking on new roles, for example one practice is testing the use of a health coach navigators, to support with setting health goals. This year, they are looking to extend this service across the network of practices in that area. The Patient and Public Group (PPG) for that practice was involved in developing ideas and sourcing funding for more wellbeing projects. The PPG’s role has changed from providing feedback to being actively engaged.

NM informed all about the work of Social Action?, looking at good practice on engagement. They will be tendering for funding soon and NM suggested Islington CCG may be interested in getting involved, given the example provided on the PPG.

EW suggested taking stock on PPGs and look at how we can share good practice. Healthwatch facilitates PPG for Islington. EW will discuss with ES how to share inspiring stories from different PPGs and how we can use the PPG to help.

KC advised that we need to ensure Federations and other providers will be working collectively on Primary Care at Scale work and queried the role of Primary Care at Scale to bring the PPGs together in the same geographical area to inform on how the
practices are working together. Each practice has a PPG and KC suggested it would be good to have a centralised resource within a Federation.

CHINS & QIST merging and interwoven. KC suggested patients and residents should be part of QIST and involved in service design which will bring another perspective. The Committee agreed that specifications for QIST should include the involvement of residents in quality improvement.

KC gave an example of Better Together in the midlands, where 30 practices were brought together with local residents acting as champions to deliver health and wellbeing and is a good example of how residents have been actively involved.

**Action: EW to discuss collecting inspiring stories from different PPGs, with ES.**

7. **Communications Update Report**

JP presented the communications update report and highlighted:

Whittington Health Lower Urinary Tract Service (LUTS) – continuing to work on this and have received MP, media and patient queries and are working closely with WH on responses.

Annual report – submission date to NHSE is 22nd May. Currently drafting the reports for Islington and Haringey.

360 stakeholder survey – goes to member practices and partners across the borough. Islington has received a positive result and is the standout CCG, across NCL. It was noted that this was a good result, despite the transformation work, and has improved since last year. TH acknowledged the strong clinical and Governing Body leadership. Member practices reported that they felt supported by the CCG.

Review and refresh website – the communication team completed a review and update of the CCG public website.

Campaigns – “Stay Well this Winter” will close. Next campaign will be International Nurses Day on 12th May. The CCG will be working with WH on this.

Media – a number of enquiries have been received by the local media on the CCG’s proposal to close Stacey Street Nursing Home and was also picked up by the Islington Tribune.

Resourcing – it has been five months since the communications and engagement team across Haringey and Islington was formed. They are working on a framework to ensure work is only done once, whilst acknowledging that local engagement will stay local. The team has all substantive roles in post and have recently recruited a jobshare person for ES. Robert Good, who will be in post soon, will lead on Primary Care for both CCGs.

SB reported that she found the report useful and that she met with ED and feels reassured patient engagement will not be sidelined.

70th anniversary for NHS on 5th July – London wide tea parties will be taking place and will work with WH. It was suggested that acknowledging staff and celebrating their contribution would a good way to mark the 70th anniversary. TH added that the 70th anniversary will be linked to staff awards which will be presented later in the year. People who volunteer and those on the PPG should also be valued and recognised.

There is a national campaign to nominate people who delivered great care and it was suggested that Islington should nominate people. Islington QIST has submitted a
project for parliamentary awards which Jeremy Corbyn (as the local MP) put forward for the CCG.

It was suggested that the anniversary could used as an opportunity to sign post people to services.

There was a mention of the large number of followers on Twitter – 7,120, which increased by over 290 people, since the last report 4 months ago.

8. Community Transformation Programme Update

RL is currently working with ED and utilising Healthwatch and other networks to get feedback on the vision statement and branding for the Wellbeing Partnership.

Community services forms part of the work of the Wellbeing Partnership.

The Healthwatch survey highlighted that where patients are waiting a long time, they are usually waiting in pain. Also, communications on wait times were poor, especially for services where wait times are longer.

Improvement work – all services were benchmarked, priorities were identified and are now working with services to get work programmes started. The priority services identified for adults are - Bladder and Bowel, Nutrition and Dietetics, Podiatry and Lymphoedema. Work is underway, looking at skill mix, group appointments, improving websites and self management whilst waiting. Clinical and operational leadership is in place to carry the work forward.

Patient engagement work on MSK – included focus groups, follow up phone survey, Patient Reported Outcome Measures (PROMs) baseline survey, focussed on outcomes. Improving communications with patients to ensure they understand where they are going and why, e.g. via texts. There is a single point of access via physio which is in 8 practices. A PROM survey will be undertaken again. There has been an improvement in wait times for MSK.

It was noted that admin at WH has confirmed it is better when patients book themselves in via electronic booking, as there are less “Did not attend” (DNAs).

There was a discussion about staffing and the difficulty in recruiting to roles.

There was a discussion about the need to include measuring patient experience in contracts. The Community Services improvement Group is meeting with and working with the providers, where they will challenge providers and vice versa.

EW raised concern about the learning disabilities specialist nurses and informed all that the one in WH has left, CIFT can’t recruit, UCLH can’t recruit and Southbank is no longer providing the course. KC will take it to the Community Education Provider Network.

Action: MA to separate Wellbeing Partnership and Community Services on the forward planner.

Action: KC to raise lack of learning disabilities specialist nurses and course no longer running at Southbank with CEPN

9. Terms of Reference

Section 2 Membership - Head of Communications and Engagement for Haringey and Islington CCGs to be added to the membership list.

The Committee agreed the Director of Nursing and Quality should be replaced with member of the Executive Management Team.
Section 3 Chair – there was consensus that the Chair role should be a Governing Body member with experience of PPP.

Section 4 Frequency of meetings – the Committee agreed to leave it as a minimum of 4 meetings a year.

Section 6 Non-voting members

Community member – KD suggested another community member should be recruited and queried whether the term should be specified. NM felt it would be beneficial to have one long serving community member and one new one. JS emphasised the importance of equity in the process and succession planning. JS added that it is a good opportunity for someone to learn and develop skills and knowledge in the public sector.

It was acknowledged that more work needs to be done to ensure we have two community members on all committees. The Committee agreed that two terms of three years was appropriate, with an option for the community member to re-apply, if they wish to. It was recognised that it takes community members time to get up to speed with things. SB informed the Committee that all the community members used to meet up regularly and that these meetings should be reinstated, as they used to discuss the experiences on the committees and swap committees.

Section 7 Secretariat support – “Head of Corporate Affairs” to be amended to “Islington Board Secretary”.

Section 9 Remit and responsibilities – JS would like the remit to include the inter-relationship with STP.

It was noted that the ToR does not mention Haringey. The Committee felt Haringey CCG should be mentioned because it is supported by the same Communications and Engagement team and they can share good practice across the two CCGs.

**Action:** ES to put an advert out to recruit another Community Member for the PPP and other Committees.

**Action:** MA to send out track changed ToR and finalise in July.

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Report Title: PPP Committee Risk Register
Date of report: 25 June 2018

Lead Director / Manager: Dr Katie Coleman, PPP Committee Chair
Tel/Email: Katie.Coleman@nhs.net

GB Member Sponsor

Report Author: Vivienne Ahmad, Board Secretary
Tel/Email: v.ahmad@bnhs.net

Report Summary: This report presents the PPP risks that have been extracted from the main CCG Risk Register which was updated on 25 June 2018.

There are two risks for the attention of the PPP Committee:

**Risk 425: STP Engagement**
The STP covers a wider footprint with an increased number of partners. This could lead to engagement becoming less effective, with groups that experience high levels of deprivation and inequalities potentially not being heard. This could jeopardise the relationship with the community and cause significant reputational damage for the CCG. There has been no change.

The risk rating is 12 and therefore a RAF Risk. There has been no change since February 2018 when it was reviewed by Katie Coleman and Tony Hoolaghan.

**Risk 431: Wellbeing Engagement**
The Wellbeing Partnership covers a wider footprint with an increased number of partners. This could lead to engagement becoming less effective, with groups that experience high levels of deprivation and inequalities potentially not being heard. This could jeopardise the relationship with the community and cause significant reputational damage for the CCG.

The risk rating is 6 and was a new risk in November 2017 but since then there has been no change.

Recommendation: The PPP Committee is asked to discuss the contents of the report.

**Issues to be considered:**
- Wording of risk 425, mitigations and assurances and note these require frequent updates.
- Wording of risk 431, mitigations and assurances and note these require frequent updates.
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<td>The items in this report have all been informed by patients and residents either locally or nationally.</td>
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<td>Equality Impact Analysis</td>
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**Report History and Key Decisions**
The last time the PPP risks came to PPP Committee was on 3 May 2018.

**Next Steps**
Monthly review by Risk Leads.

**Appendices**
ICCG PPP Committee Risk Register - June 2018

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<th>ID</th>
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<td>325</td>
<td>STP/Wellbeing Partnership Engagement</td>
<td>Wellbeing Partnership engagement</td>
<td>The Wellbeing Partnership covers a wider footprint with an increased number of partners. This could lead to increased complexity and potential for delays. The Wellbeing Partnership is a key strategic partner to the CCG, and failure to engage effectively could lead to a loss of trust and cause significant reputational damage to the CCG.</td>
<td>Core Business: Quality and Integrated Governance</td>
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### Patient and Public Participation Committee

**Chair:** Dr Katie Coleman  
**Board Secretary:** Corporate Affairs  
**Venue:** Clerkenwell Room, Laycock Street

#### Agenda

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<tr>
<th>Date</th>
<th>01/03/2018 to be rescheduled</th>
<th>05-Jul-18</th>
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<th>01-Nov-18</th>
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<tbody>
<tr>
<td><strong>Meetings</strong></td>
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<tr>
<td>03-May-18</td>
<td>Jennie Williams (JW)</td>
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<td>Stomel Britoikes</td>
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<td>1000-1200hrs</td>
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<tr>
<td>05-Jul-18</td>
<td>Clare Henderson (CH)</td>
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<td></td>
<td>Emma Whitby</td>
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<tr>
<td>06-Sep-18</td>
<td>Dr Jo Sauvage</td>
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<tr>
<td>01-Nov-18</td>
<td>Dr Katie Coleman (KC)</td>
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<td></td>
<td>Tony Hoolaghan</td>
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</table>

#### Support

**Board Secretary, Corporate Affairs**

#### Venue

Clerkenwell Room, Laycock Street

#### AGENDA

**Director's Report**

**Five Year Plan / STP update**

**Forward Plan**

**Risk Register**

#### For Discussion / Assurance

**Wellbeing Partnership (RL)**

**Risk Register**

**Wellbeing Partnership update / Community Transformation Programme Update (RL)**

**Communications Update Report (JP / ED)**

**Wellbeing Partnership (RL)**

**Communications Update Report (JP / ED)**

**Care closer to home integrated networks (CHINS) engagement (SM)**

**Prevention STP (MA)**

**Update on Action Plan (ES)**

**Review of PPP across Haringey and Islington CCGs**

**Commissioning Intentions (??)**


#### Ad Hoc Items

**meeting to be rescheduled; doodlepol showed preference for 12Apr18**

**Infor...**
Purpose

This report is for ASSURANCE
This report provides assurance of progress with the Planned Care Programme

Overview:

This paper provides an overview of the programme of work relating to Planned Care.

Set out below is a description of the relationship of the Planned Care programme of work to the strategic objectives of the Patient and Public Participation, Equality and Diversity strategy:

1. To support people to look after their own health and build the number of people who self-care in Islington.
   • There is a need to strengthen the support for people to self-care so that it is part of every clinical planned care pathway.

2. To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects.
   • Patients have been engaged in the development of:
     - A clinical advice and guidance service to better manage patient care in primary care
     - A teledermatology service, which will allow for the efficient and appropriate diagnosis and treatment of Islington’s dermatology patients.
     - A community ophthalmology service which is better suited to minor eye conditions rather than urgent or complex cases
     - Standardising the Urology pathways to identify all local services that are available to support patients with urological conditions.

3. To ensure the local community are always informed and fed back to about the CCG's commissioning direction, and community and engagement work in Islington.
   • The local community have been fed back to about:
     - Plans for a North Central London teledermatology to deliver routine dermatology services across Islington and the other four CCGs.
     - HealthWatch were provided with a progress report explaining how their report informed the commissioning of the community minor eye conditions service.
4. To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

- Specific groups have been engaged in the development of:
  - HealthWatch and Thomas Pocklington Trust were engaged in the development of the community minor eye conditions service.
  - HealthWatch were approached to identify a patient representative to join the Urology NCL project group.
- Equality Impact Assessments have been conducted for Clinical Advice and Guidance, Teledermatology, and Ophthalmology.

Issues to be considered:
This report highlights how patients and the public have been engaged over 2017-18 in the development of planned care, and how they will be engaged in the development of Planned Care in 2018-19.

Key risks (including those on the Corporate Risk Register):
No risks identified specifically for patient and public involvement.

Actions required or in train
The Patient and Public Participation Group is asked to:

- Comment on the patient and public participation that has been done to date
- Discuss how patient and public participation can be strengthened for planned care going forward

Supporting papers to this summary
Appendix 1 – Detailed information about the Planned Care Programme
Appendix 1: Planned Care Programme

Introduction
The Patient and Public Participation Committee previously received a report on the Planned Care Programme in May 2017. Since that date there has been significant change with the Planned Care Commissioning Team.

In May 2017 the team was structured as follows:

In June 2018 the team is structured as follows:

This structure changed from October 2017 and three of the original team members either left Islington CCG or moved into a different team. The Assistant Director of Commissioning also covers integrated commissioning, with the London Borough of Haringey, and Long Term Conditions commissioning in Haringey. The Head of Planned Care Commissioning has been vacant for almost a year. The Map of Medicine Project Manager moved into the Commissioning Manager role from January 2018.
In summary there is a new team, within a new structure covering Haringey and Islington and with a significant vacancy for almost a year.

In addition to the team structure, the governance structure for planned care also changed. The work was overseen by the Planned Care Programme Board. The decision was made, following the changes across Haringey and Islington, to disband the Planned Care Programme Board due to the implementation of the QIPP Delivery Group across Haringey and Islington and the duplication of a number of functions.

The main priority, to date, for the Planned Care Commissioning Team has been to support the development and implementation of the North Central London (NCL) Sustainability and Transformation Plan (STP) Planned Care Workstream. The NCL Planned Care Workstream was reprioritised in January 2018 to ensure delivery was aligned with available resource. As a result, there are three distinct levels of activation the projects within the workstream progress through:

- Priority (implementation over 2018-19)
- Emerging (planning and scoping from July 2018 ) and;
- Future (to come on line when capacity exists).

Within these levels the following planned care specialties have been chosen:

<table>
<thead>
<tr>
<th>Development stage</th>
<th>Project/Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>Using NHS money wisely (Procedures of Limited Clinical Evidence - POLCE)</td>
</tr>
<tr>
<td></td>
<td>Clinical Advice and Guidance</td>
</tr>
<tr>
<td></td>
<td>Dermatology</td>
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<td></td>
<td>Urology</td>
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<tr>
<td></td>
<td>Musculoskeletal (MSK)</td>
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<tr>
<td></td>
<td>MSK - Orthopaedics</td>
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<tr>
<td>Emerging</td>
<td>Diagnostics (Pathology)</td>
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<td></td>
<td>Gastro-Colorectal</td>
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<td></td>
<td>Neurology</td>
</tr>
<tr>
<td></td>
<td>Chronic Kidney Disease (CKD)</td>
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<tr>
<td></td>
<td>Gynaecology</td>
</tr>
<tr>
<td></td>
<td>Diagnostics (Imaging)</td>
</tr>
<tr>
<td></td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Future</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td></td>
<td>Breast Surgery</td>
</tr>
<tr>
<td></td>
<td>Hepatobiliary &amp; pancreatic surgery, Upper Gastro-Intestinal (GI) surgery</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
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<tr>
<td></td>
<td>Ear, Nose and Throat (ENT)</td>
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</tbody>
</table>
In the NCL priority level Islington CCG is implementing:

- **Clinical Advice and Guidance** - GPs can request non-urgent clinical advice and guidance from specialists in any of the four main NHS acute trusts in North Central London using the Electronic Referral Service. Acute trusts must ensure that 80% of responses to requests are completed within two working days. This will support the better management of patient care in primary care and reduce unnecessary hospital appointments.

- **Dermatology – Teledermatology.** This facility has emerged as a solution to the problems of capacity constraints and diagnostic uncertainty of dermatological conditions presenting in primary care. The North Central London service to be implemented will provide a quick specialist interpretation of the photographic images (via a piece of equipment called a dermatoscope), accompanied by the referring clinicians completed referral form to support and advise on diagnosis. The facility will offer care in the appropriate settings to patients where clinically suitable, and quickly direct them to the most appropriate treatment pathway.

- **Urology –** This project will standardise the urology pathway across NCL to improve patient and staff experience with the aim to improve the management of conditions in primary and community care.

In addition Islington has also been progressing:

- **Ophthalmology - Minor Eye Conditions.** This has been driven by a continued growth in demand for services at Moorfields Eye Hospital and a need to ensure that this tertiary provider is the most appropriate provider for patients with more complex clinical needs and patients with less complex clinical needs receiving care from more appropriate services.

MSK is already being progressed across Haringey and Islington CCGs, however as there has already been a separate report on this area to the PPP Committee, it has been omitted from this report.

POLCE is currently being overseen by the Haringey and Islington QIPP Team and has also been omitted from this report.

**Patient and Public Engagement 2017-18**

From April 2017 to March 2018 there has been a range of patient and public engagement linked to the planned care specialties for the Planned Care Commissioning Team at both an NCL and an Islington level.

<table>
<thead>
<tr>
<th>Planned Care Specialty</th>
<th>Numbers Engaged</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Advice &amp; Guidance - NCL</td>
<td>34 stakeholders engaged in an NCL design workshop in September 2017. This included an unspecified number of patient representatives.</td>
<td>This information was not collected. An Equality Impact Assessment was undertaken on the project and there were no perceived negative impacts on people with protected characteristics.</td>
</tr>
<tr>
<td>Dermatology - NCL Teledermatology</td>
<td>11 patients participated in a patient workshop held 12 September 2017.</td>
<td>Gender: (6 women, 5 men)</td>
</tr>
</tbody>
</table>
### Planned Care Specialty

<table>
<thead>
<tr>
<th>Planned Care Specialty</th>
<th>Numbers Engaged</th>
<th>Demographics</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ethnicity: (1 Middle East, 1 African Caribbean, 1 Asian, 1 South American &amp; 7 White British)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An Equality Impact Assessment was undertaken on the project and there were no perceived negative impacts on people with protected characteristics.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>51 patients participated in the focus groups during 2016/17</td>
<td>This information was not collected.</td>
</tr>
<tr>
<td>Urology – NCL standardised Primary and Secondary Care Pathways</td>
<td>1 patient representative involved throughout the project. Healthwatch was approached to identify a patient rep to join the group.</td>
<td>This information was not collected.</td>
</tr>
</tbody>
</table>

### You Said We Did

Following the engagement of patients and the public over 2017-18, the following issues were raised and they led to the following changes and responses being made:

<table>
<thead>
<tr>
<th>Planned Care Specialty</th>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Advice &amp; Guidance</td>
<td>There was shared consensus to implement a Clinical Advice and Guidance system in NCL potentially using the Electronic Referral Service (ERS).</td>
<td>North Middlesex, Royal Free, UCLH and Whittington are all implementing Clinical Advice and Guidance using ERS.</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Concerns were raised over increased waiting times and limited availability of primary and secondary dermatology appointments.</td>
<td>Partners across the NCL are transforming services and implementing teledermatology for routine dermatology consultations.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Findings from focus group and Healthwatch report was that community services would be better suited to minor eye conditions rather than urgent or complex cases.</td>
<td>Commissioned a minor eye service which could be delivered across the borough through community optometrists, with consultant oversight.</td>
</tr>
<tr>
<td>Urology</td>
<td>There was a need to review incontinence services and target staffing groups to provide care for vulnerable patients.</td>
<td>A separate Prevention subgroup was set up, working with Public Health to identify all local services (apps, groups,</td>
</tr>
</tbody>
</table>
classes etc.) that are available to support patients with urological conditions. As a result an NCL wide education event is being held in July 2018.

Partners across NCL are working with Information and Signposting workstream to identify the most effective methods of raising awareness of these services to patients. This extends to creating an internal database of patient navigators and public health champions within GP practices so that we can assist them in directing patients to a range of support services.

Patient and Public Engagement 2018-19

The Planned Care Commissioning Team are developing a commissioning plan for 2018-19 which will help to identify opportunities for patient and public engagement. Current plans are:

<table>
<thead>
<tr>
<th>Planned Care Specialty</th>
<th>Patient and Public Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Advice &amp; Guidance</td>
<td>Engagement in the review of progress with implementation of Clinical Advice and Guidance</td>
</tr>
<tr>
<td>Dermatology</td>
<td>To be developed</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>NCL work to continue service redesign is ongoing. Engagement expected to be a part of this work.</td>
</tr>
<tr>
<td>Neurology</td>
<td>NCL work to determine service redesign at initial stages. Engagement expected to be a part of this work.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Continue to engage with patients and public if any further service developments</td>
</tr>
<tr>
<td>Urology</td>
<td>Continue to engage with patients and public if any further service developments</td>
</tr>
</tbody>
</table>
MEETING: Patient and Public Participation Committee
DATE: 5th July 2018
TITLE: Involvement of children and young people and their parents in the design and delivery of health services.
LEAD COMMITTEE MEMBER: Dr Katie Coleman
AUTHOR: Maxine Adesina Participation Officer
CONTACT DETAILS: Maxine.Adesina@islington.gov.uk 0207 527 1771

Purpose

This report is for ASSURANCE

This report provides assurance and identifies any consequent risks to the Committee in relation to the involvement of children and young people and their parents/carers in the design and delivery of health services.

Overview:

The work of the Joint Children’s Health Commissioning Team (CHCT) is underpinned by the Children and Young People’s Health Strategy 2015 – 2020 and CAMHS Transformation Plan, which reflects the key principles of the ICCG Patient and Public Participation Strategy. Both the strategy and the CAMHS Transformation Plan has meaningful engagement with children, young people and their parents/carers at the heart of its delivery.

This report sets out the key areas of work delivered over the last year by CHCT and its partners in line with the objectives set out in the CCGS Patient Public Participation Strategy and also sets out some key issues for further discussion by the committee to inform future working.

A new Children and Young People’s (CYP) Participation Officer came into post in July 2017. The Participation Officer has re-established working relationships with Whittington Health, CAMHS, Family Action and Healthwatch. In Addition, new relationships have formed with the Arsenal Community Hub, Marys’ Youth Club, Rosebowl Youth Hub, City & Islington College and the Islington Schools Health and Wellbeing Team.

Over the 2017/18 period the Participation Officer and CHCT have directly engaged with 249 young people (aged 13 to 25 years) and 67 parents/carers throughout a range of stages of commissioning, including development, design, procurement, delivery and monitoring of services.

Context:

This report provides an overview of the involvement work that has been carried out in relation to the Patient and Public Participation Strategy and the Children, Young People’s Health Strategy Action Plan and the Transformation Plan. This work was led by the teams Participation Officer, supported by the Children’s Health Commissioning Team (CHCT) and in some cases directly delivered by commissioned services.

This report frames activity under the four key objectives set out in ICCG Patient and Public Participation Strategy.
Issues to be considered:

1. Barriers to engagement have been identified following engagement with SEND CYP. How do we therefore ensure that we meaningfully engage with SEND CYP?

Key risks (including those on the Corporate Risk Register)

1. The CCG may not have the funding to do the things that children and young people say they would

Outline the impact and outcomes of public and patient involvement
The CHCT has engaged with young people, parents and carers throughout the teams’ programmes and through specific projects. This has led to specific outcomes which are identified across the engagement activity within the report.

Impact Assessments:
This report does not include any reference to de-commissioning so Impact Assessments have not been carried out.
Involvement of children and young people and their parents in the design and delivery of children and young people’s health services. Children’s Health Commissioning Team.

1.1 INTRODUCTION

1.2 The work of the Children’s Health Commissioning Team (CHCT) is guided by the Children and Young People’s Health Strategy 2015 - 2020 and the CAMHS Transformation Plan. Meaningful engagement and participation is at the heart of the delivery of this strategy in line with the key objectives of the ICCG Patient Public Participation Strategy.

1.3 Over the 2017/18 period, the Participation Officer and CHCT have directly engaged with 249 young people (aged 13 to 25 years) and 67 parents/carers throughout a range of stages of commissioning, including development, design, procurement, delivery and monitoring of services.

1.4 This report provides an overview of work that has been delivered by both the Children’s Health Commissioning Team and its partners.

2. Objective 1 - To support people to look after their own health and build the number of people who self-care in Islington

2.1 During the consultation period of the ‘Children and Young People’s Health strategy’ children and young people told us:

- I need good quality information and support so I know how to look after my physical and emotional wellbeing
- I need as much support as possible to stay healthy in the places I spend most of my time

2.2 It is with this in mind that a key action from the ‘Children’s and Young People’s Health Strategy’ is to empower children and young people to self-manage their long term conditions. The CCG has made a number of investments to empower children and young people to self-manage in primary care, secondary care, community services and schools.

2.3 Under the Health and Wellbeing priority for Islington Youth Council (2016-18) the Youth Councillors aim to promote health and wellbeing services to young people using their social media platforms and signposting to the range of health information in izzy.info. The Participation Officer shares information about health and wellbeing services and health care changes with the Youth Council.

2.4 CYP Mental Health Digital Programme. This programme took place over a six-month period, ending in February 2018. The purpose of this programme was to test digital solutions to support CYP with mental health needs. As a result, 156 Children and Young People were engaged through a series of focus groups, detached and outreach sessions, workshops, and group work carried out by the Participation Officer and Project Manager. The programme identified and developed 4 areas alongside CYP: self-help apps, digital champions trained to promote the self-help apps, emotional health and wellbeing website, online counselling and digitalised care plans.

2.5 The CCG continues to make a number of investments in Nurse Specialist roles located in secondary care, the community and primary care. These roles include clinical nurse specialist roles in allergy, epilepsy, eczema and asthma. These nurses have been added to an already present team including diabetes, oncology and sickle cell clinical nurse specialists. All nurse
specialists’ roles develop care plans with the family and empower children and young people to self-manage their long term conditions.

2.6 The **Asthma Friendly School Nurse** project has now been rolled out to the majority of schools across Islington and has also been rolled out in the Children’s Centres. This includes policy, procedure, care planning, training and access to emergency medication. The asthma friendly school nurse also runs coffee mornings with the parents/carers of children and young people with asthma to create peer networks and shared learning opportunities around self-management.

2.7 An **Asthma Self-Management Programme** was commissioned in October 2018. The programme is being co-produced with young people and is due to be implemented in August. The programme will also be co-facilitated by young people with lived experience of asthma. There are very few examples of self-management courses for young people nationally so it is an exciting innovative project and will be similar to the expert patient programmes currently being provided for adults.

2.8 The **Children’s Nurses in Primary Care** continue to deliver clinics in GP Practices across Islington, helping to build capacity, paediatric capability and improve self-management for CYP with asthma, viral induced wheeze, eczema and constipation. Every CYP seen by the nurses has been given a care plan and in depth education around self-management for the referring condition.

### 3. Objective 2 - To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects

3.1 The **Children’s Services Improvement Group (CSIG)** is the main forum for discussing strategy and commissioning in relation to children’s health, before going to the CCG Exec Team, Strategy and Finance and Governing Body. There are two parent representatives on this group, although one of the parents has been on Maternity leave for the majority of 17/18. The Participation Officer maintains contact with the parents between meetings and supports them to facilitate meaningful engagement and contribution to meetings. At the start of the meeting, the parents are given the opportunity to raise concerns/issues that they or other parents have identified. These concerns/issues are then taken as actions for the relevant CSIG member.

3.2 The **Disability Strategy and Commissioning Group** is a multi-agency group led by the Council to which the CCG contributes. The group has two parent members that attend and participate regularly supported by Centre 404. A parent co-production group has been put in place by pupil services and will continue to run with their support.

3.3 Following the departure of the previous **Participation Officer**, the post was extended to 4 days per week and was appointed in July 2017. There were 4 young people on the interview panel and were central to the decision to appoint the new Participation Officer. The Participation Officer has re-established working relationships with Whittington Health, CAMHS, Family Action and Healthwatch. In Addition, new relationships have been made with the Arsenal Community Hub, Marys’ Youth Club, Rosebowl Youth Hub, City & Islington College and the Islington Schools Health and Wellbeing Team.

3.4 The Participation Officer has joined up with Family Action to pilot a **Special Educational Needs and Disability (SEND) Consultancy Group**. The SEND consultation took place with 5 SEND students from The Courtyard School. Participants provided valuable feedback regarding the areas that were of concern to them, specifically around: travel, health, education, safety and access to social activities. The outcome of this pilot highlighted key barriers to engagement for SEND young people which include;
• Reluctance to travel outside of the Courtyard to attend future meetings with other SEND Young people.
• The times requested by participants seemed to be during the day which meant that it would be difficult to include young people external to the courtyard.
• Some participants presented complex needs which affected their ability to advocate for themselves without additional resource to support them.

3.5 In February 2018, a **CAMHS CYP Redesign Group** was established. The group consists of 12 Young People aged 14-19 years who are resident or students from the Islington and Haringey Boroughs. The aim of this group is for young people to provide their expertise concerning the re-design of the Social, Emotional & Mental Health and Wellbeing Service (previously known as CAMHS). Additional to this group, young people from City and Islington College and Tech City College have taken part in informal discussions linked to the re-design process and have provided feedback that match the recommendations from the CYP CAMHS Re-Design Group.

3.6 The Participation Officer has also been raising awareness of the Islington CYP **Mental Health Charter** with young people across Islington; through a series of workshops and outreach activities, in schools, colleges, local youth providers and existing Youth Health Forums.

3.7 In September 2017 there was an open day at **Whittington Health**. Young participants of the Whittington Health CYP Health Forum attended as volunteers, informing members of the public and fellow colleagues about the issues and topics that were most important to them. The Participation Officer supported this event and had the opportunity to present the Mental Health Charter to the Labour Party Leader, Jeremy Corbyn, who verbally endorsed this initiative.

3.8 Since January 2018 Whittington Health has been leading on an initiative to enable **Young Carers** to receive recognition for the important role they play as caregivers to their loved one. Through this project Young Carers raised concerns that they were often not recognised by professionals as the carer and were therefore not listened to or told about changes to their loved one’s care. This has resulted in the development of a Young Carer identity card that can be used to ensure that their role as caregiver is recognised by professionals.

3.9 The **Islington Youth Council** (IYC) elections took place at the start of the year for the electoral term 2018-20. The Youth Council (YCII) have identified and agreed to have Health and Wellbeing as one of their priority areas. This reflects the fact that a number of the YCIIrs included health and wellbeing issues in their manifesto and campaigned on these during the election.

3.10 The YCIIrs priority is known as #BeingHealthy. They will promote a wide range of fun physical activities that are open to all young people; hear the views of young people about the issues that make them feel worried or stressed; and ensure that the redesigned mental health services for young people are accessible and meet their needs.

3.11 Through #BeingHealthy the YCIIrs have:

- Promoted online resources to students/young people attending Islington Schools/College and youth and voluntary sector provision, on Exams Stress and Mindfulness & Wellbeing
- Created a Health and Wellbeing display on resources young people can access in the Borough and online, at a number of schools across Islington
- Took part in a discussion on young people accessing healthcare services at the Whittington Hospital
- YCIIr Benjamin Boukerma wrote an article entitled “Get in control - manage your asthma with simple steps” which appeared on the Health London Partnership website [https://www.healthylondon.org/hlp-archive/latest/blog/get-in-control.html](https://www.healthylondon.org/hlp-archive/latest/blog/get-in-control.html)
• During periods of excess heat and high temperatures the YCllrs have promoted staying hydrated to young people using their social media

3.12 Choice and Control is the local name for Integrated Personal Commissioning (now Personalised Care). In children’s, we are part of a national pilot project, trialling the use of Personalised Care and Personal Health budgets with children in care and care leavers who have social, emotional and mental health needs. Young People from CAIS have been involved in the development of communications for Choice and Control to help other young people to understand what it is and how they could benefit from being part of the project. Seven young people developed, wrote and starred in a film (just been completed) which explains Choice and Control, and will be used to help other young people in care, and professionals, to know more about it. Seven other young people have also been attending co-production days run by NHS England (3 so far) with young people from the other pilot sites to help shape the project at a national level. Choice and Control has a co-production session every month to talk about the project and get input from young people who are, or who have been in care; the name Choice and Control was decided at one of these meetings, alongside the branding that we use.

3.13 The SEND Parent Consultants has continued throughout 2017/18 and has gone from a group 6 parents to 13 parents. The 6 original parents were actively involved in the recruitment process for the new parents. From the 12 applications received in December 2017, 8 went on to complete the 5 half day training sessions facilitated by Healthwatch. The SEND Parent Consultant have been involved in the below activities:

- Developed and delivered a focus group for other SEND parents to gain feedback on the Bladder and Bowel service, which will feed into the review of the service
- Devised a survey monkey, facilitated a focus group and the results of this have been fed into a review group
- Involved in 3 information groups and a presented to 50 parents of SEND CYP during the recruitment process for the new SEND parent consultants
- The 7 new parent consultants co-produced a survey and facilitated a focus group for an Early Support Review. The Information gathered will be incorporated into a final report.
- The SEND parent consultants have been asked if they would like to be considered to become Family Befrienders. This initiative was a parent recommendation put into the review of Islington’s Autism Service carried out by the National Autistic Society.

3.14 At the start of 2017 a Fair Futures Commission was set up to explore how Islington could be one of the greatest places for CYP to grow up. The commission spent 12 months learning from residents, CYP and experts on how the Local Authority and partners can put CYP at the heart of everything they do. The feedback from the extensive engagement has been turned into recommendations for local and national organisations to embed and help make positive changes for the CYP growing up in Islington.

4. **Objective 3 - To ensure the local community are always informed and fed back to about the CCG's commissioning direction, and community and engagement work in Islington**

4.1 The Participation Officer provided regular updates to Children, Young People and Parents on the engagement activity, outcomes and opportunities to the following groups: Islington Youth Council, Children’s Active Involvement Service, CAMHS Youth Board, Family Action, Eritrean Youth Club, City and Islington College, Tech City College, Islington Youth Hubs, Youth Offending Service, Whittington Health and Pupil Services.

4.2 The Participation Officer has created an Engagement Network Steering Group. This group was created following identification that there was a need to foster collaboration within the existing network of professionals who facilitate participation groups in the borough. The aim of the group is to:
• Improve collaboration and sharing of best practice for engagement with CYP
• Highlight the status of respective participation group activities and initiatives
• Reduce duplication by introducing a joined up working practice
• Improving the quality of engagement by evaluating and reviewing service user engagement across Islington

4.3 A total of 2 meetings were held in the first 6 months which established the planning and development of the Engagement Network Group. Going forward the group will meet quarterly to report back on progress and arising matters.

4.4 **Young People’s Involvement in evaluation panels** – All young people involved in evaluation panels are contacted and informed of the outcome in line with the procurement rules.

| 5. | **Objective 4** - To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010 |

5.1 Through the Choice and Control, children in care and care leavers attend monthly co-production sessions, and are given the opportunity to have their say and influence the development of the programme.

6. **CONCLUSION**

6.1 The CCHT have maintained the standard of ensuring that children and young people, and their parents/carers, are central to the development of commissioning and service improvement. Additionally, the level of engagement carried out with Children and young people has increased due to the utilization of multiple engagement methods/tools. The team will continue to promote and carry out further initiatives that will successfully engage CYP and their parents/carers to influence the direction and quality of the services available to them.

6.2 **Issues to be considered:**

- Barriers to engagement have been identified following engagement with SEND CYP. How do we therefore ensure that we meaningfully engage with SEND CYP?
### Purpose

This report is for **ASSURANCE / DECISION**

Assurance and decision

### Overview:

This provides the quantitative data from 2015 to 2016 and 2016 to 2017. There are some gaps in data, but these can be provided to the Committee at a later date, when we have received all information through commissioning teams.

The original template was agreed at the PPP Committee in 2015.

However, it has now been three years since the original template was created and the CCG is in a different place with both Haringey and Islington CCGs working more closely together, a joint communications and engagement directorate across North Central London, the Wellbeing Programme and development of Care Closer to Home Integrated Networks, the Committee is asked to review the whole template, along with the data for this year.

Some key areas to highlight:

- Is the template a good reflection of the different workstreams taking place across CCG and Sustainability Transformation Plan (while still ensuring the Islington focus)?
- The template does not reflect the diverse range of Islington population engaged with as not all projects routinely collect demographic data
- We have now linked PPP Committee reporting template with the quantitative data. Thus, at the end of each Committee report we ask commissioners to let us know the numbers they have engaged with, demographic groups and those they have supported to self care.

### Issues to be considered:

The template

**Key risks (including those on the Corporate Risk Register)**

n/a
Actions required or in train
n/a

Outline the impact and outcomes of public and patient involvement
The data itself highlights the reach of the CCG

Equality Impact Assessment
n/a
### Goal 1: To support people to look after their own health and build the number of people who self-care in Islington

<table>
<thead>
<tr>
<th>Measures</th>
<th>16/17</th>
<th>15/16</th>
<th>Source:</th>
</tr>
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<tbody>
<tr>
<td>Number of people who have attended peer support groups</td>
<td>204</td>
<td>Phil</td>
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</tr>
<tr>
<td>Number of people who have attended EPP and DSMP peer support groups (starters/completers)</td>
<td>165/108</td>
<td>Self-management service end of year report (Phil Wrigley)</td>
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<td>Number of peer support programmes commissioned</td>
<td>EPP/DSMP</td>
<td>EPP/DSMP</td>
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<tr>
<td>% of patients with registered PAM scores scoring level 5 &amp; 4 on PAM</td>
<td>62%</td>
<td>PAM return data (Phil Wrigley)</td>
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<tr>
<td>% of LTC6 responses scoring 3 on Q6 of the LTC6</td>
<td>84%</td>
<td>LTC6 return data (Phil Wrigley)</td>
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</tr>
</tbody>
</table>

#### Integrated Care

- Health and care clinicians undergone training to enable them to work in partnership with individuals and carers - e.g. YOC, ADP training, etc. (Starters/Completers)
  - ADP – 62/52
  - YOC – 117
  - Practice based troubleshooting sessions – 3
  - ADP – 71/53
  - YOC – 13
  - Practice based troubleshooting sessions: CCG tracking sheet (Phil Wrigley)

#### Wellbeing Partnership

- Number of people participating Community Well-being Projects | 592 | 344 | Lizzie

#### Primary Care

- Planned Care | 197 | Lizzie

#### Urgent Care

- STP wide programme/ Numbers yet to receive | 252 | Lizzie

#### Joint Commissioning

- Children and Young People | 104 | 62 | Maxine
  - i. Parents and carers | 41 | Maxine
  - ii. Children and Young People through commissioned services | 135 | Maxine
- Annual community research & support | 710 | 939 | Lizzie
- Patient and Public Participation Groups | 183 | 100 | Lizzie
- Other service user groups: Care My Way, Islington Borough Service User Group (mental health), Voices for Change (Last Years of Life) | 81 (awaiting mental health data) | data not received | Lizzie / Natalie A / Sarah

#### Attendees at Committees/Working Groups

- | 10 | 10 | Lizzie

### Goal 2: To ensure the local community are always informed and fed back to about the CCG’s commissioning direction and community and engagement work in Islington

<table>
<thead>
<tr>
<th>Measures</th>
<th>16/17</th>
<th>15/16</th>
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<tr>
<td>Number of people/groups who heard how their ideas were used or satisfied their feedback has been used</td>
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<td>Carers</td>
<td>13, Table for Health</td>
<td>Natalie Arthur</td>
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<tr>
<td>Frail &amp; Elderly</td>
<td>4</td>
<td>Lizzie</td>
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<td>Young People</td>
<td>239</td>
<td>62,</td>
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<tr>
<td>Physical disability</td>
<td>10</td>
<td>Lizzie</td>
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<tr>
<td>Third sector Forum</td>
<td>30</td>
<td>73</td>
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### Goal 3: To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010

### Goal 4: To listen to, involved and consult individuals and groups that find it hard to have their day because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010
### Backing Data

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<th>Goals</th>
<th>Measures</th>
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<td></td>
<td>Number of people who have attended EPP Group</td>
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<td></td>
<td>Number of people who have attended Diabetes Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of people who have attended SMP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of people who have attended Desmond</td>
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<td></td>
<td>Number of peer support programmes commissioned</td>
<td>3</td>
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<tr>
<td></td>
<td>% of patients with registered PAM scores scoring level 5 &amp; 4 on PAM</td>
<td>62%</td>
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<tr>
<td></td>
<td>% of LTC6 responses scoring 3 on Q6 of the LTC6</td>
<td>84%</td>
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<td></td>
<td>Number of patients registered for patient Online</td>
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<td></td>
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<td></td>
<td>Integrated Care: Number of patients registered for a PHR</td>
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<td></td>
<td>Number of people participating community well-being Projects</td>
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<td></td>
<td>Number of health &amp; care clinicians who have undergone training, YOC</td>
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</tr>
<tr>
<td></td>
<td>Number of health &amp; care clinicians who have undergone training, ADP</td>
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<td></td>
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<td>559</td>
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<tr>
<td></td>
<td>2. Primary Care: Locally commissioned services - care homes</td>
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<td></td>
<td>5. Planned Care: MSK</td>
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<td></td>
<td>6. Planned Care: Ophthalmology</td>
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<td></td>
<td>7. Planned Care: VRC</td>
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<td></td>
<td>8. Urgent Care: 111/OOHs</td>
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<td>9. Annual community research</td>
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<td>10. Patient and Public Participation Groups</td>
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<td></td>
<td>11. Other service user groups - Last Years of Life</td>
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<td></td>
<td>12. Other service user groups - IBUS</td>
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<td></td>
<td>13. Health and care clinicians undergone training to enable them to work</td>
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<td></td>
<td>in partnership with individuals and carers - e.g. YOC, ADP training, etc</td>
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<td>14 Number of community members at Committees</td>
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<td>15. Number of community members at working groups</td>
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<td>their feedback has been used</td>
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<td></td>
<td>English not their first language</td>
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<td></td>
<td>Programmes share the outcomes with all organisations, people involved but</td>
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<tr>
<td></td>
<td>exact numbers cannot be collated</td>
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<td>Carers</td>
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<td></td>
<td>Frail &amp; Elderly</td>
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<td>Physical disability</td>
<td>100</td>
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<td>Third sector organisations</td>
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</table>

### Goal 1: To support people to look after their own health and build the number of people who self-care in Islington

- Number of people who have attended EPP Group: 204
- Number of people who have attended Diabetes Group:
- Number of people who have attended SMP:
- Number of people who have attended Desmond:
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- Actual number of people engaged in key projects:
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  2. Primary Care: Locally commissioned services - care homes: 135
  3. Primary Care: Locally commissioned services - extended hours: 310
  4. Planned Care: Dermatology: 47
  5. Planned Care: MSK: still to be completed
  6. Planned Care: Ophthalmology: 51
  7. Planned Care: VRC: 9
  8. Urgent Care: 111/OOHs: 246
  9. Annual community research: 920
  10. Patient and Public Participation Groups: 100
  11. Other service user groups - Last Years of Life:
  12. Other service user groups - IBUS:
  13. Health and care clinicians undergone training to enable them to work in partnership with individuals and carers - e.g. YOC, ADP training, etc:
  14 Number of community members at Committees: 12
  15. Number of community members at working groups:

### Goal 3: To ensure the local community are always informed and fed back to about the CCG’s commissioning direction and community and engagement work in Islington

- Number of people/groups who heard how their ideas were used or satisfied their feedback has been used:
  - Number of website updates/hits: 5429
  - Summary in annual report [yes/no]: yes
  - English not their first language: 500

### Goal 4: To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010

- Programmes share the outcomes with all organisations, people involved but exact numbers cannot be collated.

- Mental illness:
  - Carers: 4
  - Frail & Elderly: 80

- Physical disability:
  - Third sector organisations: 75
Healthwatch Report for ICCG PPP Committee, June 2018

0. Introduction
0.1. Healthwatch Islington is an independent body set up to gather and report on community views around health, social care and children’s services. We are part of a national network of Healthwatch organisations. We are commissioned primarily by London Borough of Islington.
0.2. In our last report, (Jan 2018) we highlighted our work on digital inclusion, this is now well underway.

1. To support people to look after their own health
1.1. Our signposting service reaches around 250 people a year and directs them to a range of support including self-help.
1.2. We have delivered digital workshops to 140 BME residents with long-term conditions so they are able to look up key services, and book on-line GP appointments (though not all had the confidence yet to do this).
1.3. In our general conversations in the community at carer’s week, Learning Disability Week, the Cally Fest, Manor Garden’s well-being Fair and other community events, we have been promoting iHUB, care closer to home, and self-management via pharmacies and 111 as well as services specific to the needs of the people we meet.

2. To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects.
2.1. Healthwatch Islington members take an active role in a range of health and care committees.
2.2. We have influenced ADHD commissioning, so that adults waiting for their assessment can access some group support during the wait,
2.3. Liaising with mental health commissioners around upcoming consultations,
2.4. We continue to support the Islington Patient Group and feed in to Quality Accounts where we can influence the objectives for coming years - we held a joint meeting to this effect with Whittington Health.
2.5. We carried out visits linked with the Accessible Information Standard at GP practices and will extend this to hospital services,
2.6. Although work on mental health day services has been postponed, we will ensure the user voice feeds in to this.

3. To ensure the local community are always informed and fed back to about the CCG’s commissioning direction, and community and engagement work in Islington.
3.1. We highlight information on commissioning intentions and engagement opportunities through our newsletters and social media. There has been less work on this in the last quarter though.
4. To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health to ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

4.1. We are still struggling to effectively engage children and young people.

4.2. We are gathering views on dental care, GP appointments and will feed in to the numerous upcoming consultations in the year ahead, including the Green Paper on Social Care, the St Pancras Estates Strategy, Moorfields discussions and mental health day centre closures.

4.3. We are delivering focus groups with Diverse Communities Health Voices to gather views on self-care, isolation, and community-based services that could be linked to the ‘CHINs’ networks of GP practices.

5. Working across North Central London

5.1. We are working closely with our 4 partner Healthwatch in North Central London (level) to ensure that we are kept informed of changes at NCL level. Our consortia, Diverse Communities Health Voice, represents residents across North Central London. There will be a focus on the orthopaedic services review.

6. Other work

6.1. Starting our second year of working with London Met to recruit student volunteers,

6.2. Going through the Investing in Volunteers process (a process to help us evaluate the support we give our volunteers).
### Purpose

This report is for **ASSURANCE**

### Overview:

This report provides an overview of Healthwatch Islington’s work and is presented for information. Healthwatch Islington is an independent organisation but has been commissioned to deliver some engagement work for the CCG alongside Healthwatch’s own work.

### Key risks (including those on the Corporate Risk Register)

Potential risk of duplication but we liaise closely with CCG to mitigate this.

### Actions required or in train

None

### Outline the impact and outcomes of public and patient involvement

Supports existing CCG engagement work

### Supporting papers to this summary

- Report on work since January 2018,
- Achievements Document

### Equality Impact Assessment

1. To support people to look after their own health and build the number of people who self-care in Islington.
2. To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects.
3. To ensure the local community are always informed and fed back to about the CCG’s commissioning direction, and community and engagement work in Islington.
4. To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.
Recent volunteering

You’ve reviewed our policies, and given feedback about your experience of volunteering, to help us improve and pursue a quality standard.

Our volunteers help us with everything from surveys to community events to blogging.

You’ve phoned GP practices to find out what support is offered to patients with autism.

You’ve visited GP practices to find out how they are making information accessible.

You’ve gathered views on community services like physiotherapy and podiatry, mental health day services, and reablement for older residents recovering from hospital stays.

Volunteers from London Metropolitan University designed and delivered a project about social isolation.
We challenged the consultation process around proposals to redevelop local mental health inpatient facilities.

The consultation was postponed, and reworked.

We brought commissioners & service users together to discuss how to improve support for adults with ADHD.

As a result, commissioners are redesigning the service to make more support available to people before they have been clinically assessed. There are very long waiting times between being referred to the ADHD service and having the assessment, so this change is especially welcome.

We’ve influenced future plans for pharmacy spending. This will raise the profile of services that are currently underused.

Information about health

We trained 126 older residents with health conditions how to use their smartphone to access information about health services, book GP appointments 7 days a week, and find low cost opportunities for self care, such as keep fit classes.
Islington Clinical Commissioning Group (ICCG), together with Camden Clinical Commissioning Group (CCCG) is leading a consultation on the proposals for the redevelopment of the St Pancras Hospital site of which Camden and Islington NHS Foundation Trust (CIFT) is the landlord.

These changes will affect the inpatient facility and community mental health services currently delivered on the site and on additional Trust sites. The other NHS services which are delivered on the St Pancras Hospital Site by other NHS Providers such as the Royal Free Hospital and a Camden GP practice will remain on the site. In some cases, these services will be delivered in newly refurbished buildings, as part of the redevelopment process.

In line with our statutory duties, the CCGs will consult on the redevelopment proposals, ensuring local people are given the opportunity to share their views on the services affected by the redevelopment of the St Pancras Hospital site.

There are three papers included with this cover sheet that support the CCGs meeting their statutory duties to consult. These are:

- Consultation Document & Consultation Survey: this is the general information we will share with our local communities and mental health service users to share their opinions on the proposals. The document outlines the details of the plans and the survey is how they can share their views. It will be available online and as hard copies.
- Consultation Methodology: this shows our broad plans for engagement during the consultation.
The Consultation Document: and Survey

The Consultation document outlines the proposals for transforming mental health care in Camden and Islington. The document has been created with the Consultation Institute, a national body that assure high quality consultation processes have been carried out by public sector bodies. They provide a certificate at the end of the entire process to certify you meet their best practice standards.

Additionally, we took the pre-engagement with local services users at CIFT service user groups and a public event, and a piece of in-depth engagement with service users carried out by HealthWatch Camden to shape both the content of the document and the survey questions. We also held a review group with some service users and HealthWatch Camden and Islington to further shape the documents.

We have created a document that highlights the driving vision behind the redevelopment plans, the overall proposals and details of each section of the proposals. Alongside this we have given information on financial impacts, assurance of the proposals and next steps. We have tried to balance the need for detail with creating a document that is as easy to read and follow as possible. Please note we are also in the process of creating an Easy Read document and have commissioned Elfrida Society, a local charity that works with and supports people with a learning disability, to co-produce this version with their clients.

The Consultation Document includes

- A short introduction on the three organisations involved: Islington Clinical Commissioning Group; the lead Commissioner, Camden Clinical Commissioning Group and Camden and Islington Foundation Trust
- The vision for mental healthcare across North Central London, ‘A Place Where No-one is left behind’: This section highlights our ambition to improve the mental health and reduce the health inequalities of the North Central London communities. It describes our vision to deliver more care in community settings and working in a more joined up way with our health, social care and voluntary sector partners, to deliver better outcomes for our patients. By supporting people closer to their homes and embedding services in the community, our teams can help prevent people becoming unwell, or help them earlier so that they require fewer hospital referrals and less crisis care and how we believe the proposals support this vision.
- A brief introduction to the proposals
- Section 1: The proposed move of 84 mental health inpatient beds currently on the St Pancras Hospital site and their proposed relocation and development on the new site by the Whittington Hospital
- Section 2: The proposed relocation of some of Camden and Islington NHS Foundation Trust’s community mental health services, and the development of two new community hubs – with one in Camden and another in Islington
- Section 3: of this document gives additional information on the services provided by other NHS organisations that will remain at the St Pancras Hospital site.
- Information on the financial implications which highlights that for the CCGs the implication is cost neutral. It shows the details of how CIFT will fund the £140.4 million redevelopment plans for a new inpatient unit and two community hubs, £95.4 million will be funded by the proposed long leasing of St Pancras Hospital site.
- What will happen to the St Pancras Hospital site if the proposals are agreed and it is
redeveloped: this section describes how the site will be developed and includes information on the new Institute of Mental Health with University College London Partners which will be hosted on the St Pancras site, the long lease of the inpatient wards and the building of a new inpatient unit by the Whittington Hospital and two new community hubs

- Consultation Details: how people can submit their views including details of three public events between July to September
- Next Steps and the assurance process: which includes information on how the final decision will be reached through Camden and Islington Clinical Commissioning Groups Governing Bodies making a final decision in November. It also highlights the work of the Clinical Senate in assessing and assuring the plans to improve clinical quality.
- We have two appendices: appendices 1 shows the impact of travel times and Appendices 2 the Population and Healthcare Challenges for Camden and Islington

Consultation Methodology:
The consultation methodology gives a broad overview of our engagement plans during the consultation. It includes how we will promote the consultation both as an online and hard copy document and how we will carry out face to face engagement with our local communities and CIFT service users so they have an opportunity to hear about the consultation proposals, comment on them and complete a survey. We are attending CIFT service user groups, commissioning another piece of outreach with HealthWatch Camden and holding three public events across July to September which we will publicise in the local papers among other places. Alongside this, we will promote the document through our websites and local networks.

SUPPORTING PAPERS:

- Consultation Document
- Consultation Survey Questions
- Consultation Methodology

RECOMMENDED ACTION:

- For information

Objective(s) / Plans supported by this paper:

Audit Trail: These documents have been created with the Consultation Institute, a national body that assures quality and best practice on the consultation process carried out public sector bodies. Additionally, the document has been taken to St Pancras Redevelopment Project Steering Group and a Service User and HealthWatch review group.
**Patient & Public Involvement (PPI):** Pre-engagement for the consultation has included working with over 30 Camden & Islington Foundation Trust service user groups, a commissioned piece of in-depth research carried out by HealthWatch Camden with CIFT service users (inpatients and community) and an engagement event specifically for CIFT community mental health service users. This engagement has fed into the overall redevelopment plans and has helped shape the content of both the documents and the survey – as well as plan how we undertake consultation as shown in the consultation methodology.

Additionally, we have met with HealthWatch Camden and Islington and CIFT service users to review the consultation documents – to ensure they are service user friendly as possible.

We are currently commissioning Elfrida Society (a local Islington charity that supports people with Learning Disabilities) to undertake a piece of co-production to design an Easy Read version of the document – this piece of work will also generate some additional feedback on the consultation proposals.

**Equality Impact Assessment: Yes**
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INTRODUCTION

This document outlines the proposals for transforming mental health care in Camden and Islington with a set of questions at the end of the document for you to answer.

Camden and Islington with a set of questions at the end of the document for you to answer.

The Trust provides mental health care to people in their homes, in the community, and in hospital. They provide services for adults of working age, adults with learning difficulties, and older people.

To meet these challenges effectively, Camden CCG, Islington CCG and the Trust want to significantly improve the way in which mental health care is provided across the two boroughs. We have written this document to explain how this could be done and to ask for your views as part of a public consultation. You can read more about Camden and Islington’s healthcare challenges in the Appendices on page 31.

Our vision: A place where no-one is left behind

Camden CCG, Islington CCG, and the Trust want to provide the very best mental health care for the residents, carers and families of Camden and Islington by building services around their needs. We want to improve overall mental health outcomes across Camden and Islington, and reduce inequalities for those with mental ill health, enabling more people to live well and receive services closer to home, ensuring that we are treating both physical and mental ill health equally.

Our local communities have told us they want a more joined up health and care system, with care closer to where they live and work, delivered by a professional and compassionate health and care workforce.

We believe that the changes proposed in this document provide an exciting opportunity to deliver on our ambition to improve mental health and reduce the health inequalities of our communities. By delivering more care in community settings and working in a more joined up way with our health, social care and voluntary sector partners, we believe that we will be able to deliver better outcomes for our patients. By supporting people closer to their homes and embedding services in the community our teams can help people earlier, preventing people from becoming unwell so that they require fewer hospital referrals and less crisis care.

We know that services provided in the community for people who experience mental ill health bring many benefits and better health outcomes. These are:

- community services are less stigmatising and easier to access
- people receiving their health care close to their homes can continue to receive the support of their families, friends and community
- where care is underpinned by strong, joined up community services, people are likely to be referred to hospital less often and are likely to be discharged earlier following periods of illness
- providing treatment in the least restrictive environment possible also means that fewer people are likely to be detained under the Mental Health Act and those that do can come out of hospital as soon as possible.

There will be times when people will need specialist support provided in a hospital environment and it is our aim that this is provided in environments that are safe, therapeutic and maintain individual privacy.

Clinical model of mental healthcare

The North London Sustainability and Transformation Partnership proposes a ‘stepped’ model of care supporting people with mental ill health to live well, enabling them to receive care in the least restrictive setting for their needs. The aim is to reduce demand on hospitals which reduces the need for additional mental health inpatient beds.

The Trust’s Clinical Strategy 2016-2021 sets out the clinical model for services provided at the Trust, both currently and in the future. This model has been designed to keep community teams at the heart of service delivery, ensuring care is provided as close to service users’ homes as possible. The Trust’s care model forms part of the broader North London Sustainability and Transformation Partnership ‘stepped’ model of care for mental health.

We are at a stage in the redevelopment of the inpatient unit at St Pancras Hospital and our development of the community hub model where there is scope for you to further shape our proposals and so we believe it is the right time to consult with you.

The community hub model is a new concept in Camden and Islington and, therefore, offers a particular opportunity for us to work with you to further develop the details of this model and shape the hubs to meet your needs. This includes determining the location of the hubs.

Introduction to the proposals:
To meet the aspirations of mental health for North London and modernise and improve the quality of care provided to local people, we are proposing a change to some services currently delivered on the Trust’s St Pancras Hospital site.

The changes will affect all inpatient services at St Pancras Hospital and some community services, currently based at St Pancras Hospital and other Trust sites, will also be affected. The Trust will continue to operate from a range of sites across Camden and Islington. This consultation is specific to changes at St Pancras Hospital, the development of two new community hubs and the relocation and development of inpatient facilities by the Whittington Hospital. No services will be cut under these proposals.

NHS organisations, such as the Royal Free London NHS Foundation Trust, London Central and West Unscheduled Care Collaborative, University College London Hospital and a GP practice, also provide services from the St Pancras Hospital site. They will all remain onsite at St Pancras Hospital. Some services will be delivered in newly refurbished buildings, as part of the proposed redevelopment process. Please see page 26 for more detail.

These changes are part of the overall transformation of mental health services that are being planned in Camden and Islington to bring mental health services closer to the communities they serve and to join up more closely mental and physical health services. As well as the plans set out in this consultation document, we are developing the co-location of mental health services with GP practices. This has been implemented for Islington and similar arrangements are being developed for Camden. Further service user and residents engagement will continue to be undertaken as part of the Trust’s development of its overall clinical strategy.

Current inpatient mental health services at the St Pancras Hospital site are provided in buildings that are not designed to meet modern health and safety needs, nor do they provide an ideal therapeutic environment; the site was previously a Victorian workhouse.

A Care Quality Commission report, published in June 2016, highlighted that the Trust’s inpatient wards require significant improvement.
THE TWO PROPOSALS:
There are two aspects to the changes which are proposed:

1. We are proposing to move the St Pancras Hospital inpatient unit to a new and purpose-built site next to the Whittington Hospital. The development of a new inpatient facility 2.5 miles away from the existing site, alongside new community facilities on the existing site and development of two new community hubs, supports our vision for delivering mental health services which meet the needs of the local population. We are consulting to understand whether you agree with the move of the inpatient unit and your views on what you believe are the benefits and concerns of the proposed move.

2. We believe that the Trust’s current community mental health teams could also operate much more effectively and efficiently. Currently, they are in many different, often old and hard-to-access buildings. This makes joined-up working between different teams difficult and also means that some patients and carers often have to travel to several different locations to get the care they require.

We are therefore proposing to relocate some services delivered at other community sites into two community hub locations and some services currently delivered at the St Pancras Hospital site will also be delivered in the two community hub locations. This allows more patient choice of where to be seen and is an advantage of having larger community facilities.

We are proposing to develop a new model of community hubs at key sites in Camden and Islington. Our current proposals involve having two hubs: one at Lowther Road, Islington and one at Greenland Road, Camden. These are not fixed locations and we are open to suggestions from residents about whether you feel that there is an alternative location or locations for the community hubs. The final location will be dependent on the availability of suitable sites. In the future the Trust are looking to develop further community hubs across both boroughs and we will consult with you at this time.

In section 2, on page 23 we give more detail on the mix of services at each location and which are proposed to stay and which are proposed to move.

We consulting with you on the concept of the community hubs, the location of the hubs, the mix of services at St Pancras Hospital, Greenland Road and Lowther Road and your views on the benefits and concerns of these proposals. The proposed new inpatient unit and the community hubs are all subject to usual planning permission processes and requirements. These are the responsibility of Camden and Islington Councils. They will be open and transparent processes including public consultation. If the changes in this proposal are agreed the planning process would commence in 2019 and run through 2020.

Before any changes are agreed, we need to speak with you, our local community and our partners and stakeholders, to listen to your views, ideas and concerns about the proposals.

We have structured the document into three sections, these are:

- **Section 1:** The proposed move of 84 mental health inpatient beds currently on the St Pancras Hospital site and their proposed relocation and development on the new site by the Whittington Hospital.

- **Section 2:** The proposed relocation of some of Camden and Islington NHS Foundation Trust’s community mental health services and the development of two new community hubs, with one in Camden and another in Islington. The proposals, at this stage, include one hub in each borough with plans for further hubs in the future and we will consult with you on these at this time.

- **Section 3:** This document gives additional information on the services provided by the Trust and other NHS organisations that will remain at the St Pancras Hospital site. We have also included some additional information on how the St Pancras Hospital site will be redeveloped if plans go ahead (on page 28). The proposals in this consultation document for changes to the Trust’s buildings are part of the overall plans for the modernisation of health service buildings across North Central London.

After reading this document, please tell us what you think about the proposals by completing the attached questionnaire. If you are only interested in one area of the proposals, please feel free to only complete that section of the questionnaire.

We have considered how issues of equality affect service users in the proposed changes and have analysed this through an Equality Impact Assessment. You can read this full assessment on our website: [www.islingtonccg.nhs.uk/stpancras](http://www.islingtonccg.nhs.uk/stpancras)

We have asked a question on any equalities impacts that you feel we should be considering and how we can minimise the impacts identified as part of the consultation. In the evaluation we will highlight the responses to this question.

We have also developed some supporting information on our proposals. This includes documents on the engagement undertaken to date, options appraisal, equality impact assessment, financial impacts and frequently asked questions. You can find these on our website: [www.islingtonccg.nhs.uk/stpancras](http://www.islingtonccg.nhs.uk/stpancras)

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3The wider North Central London estates plan will be available later in July and will be considered by the Joint Health Overview and Scrutiny Committee.
SECTION 1: INPATIENT BEDS

Camden and Islington NHS Foundation Trust has around 30 sites in total. The majority of services are based in the community with an inpatient facility at Highgate Mental Health Centre and another at the St Pancras Hospital site.

Introduction

Camden and Islington NHS Foundation Trust has around 30 sites in total across Camden and Islington. The majority of services are based in the community with an inpatient facility at Highgate Mental Health Centre and another at the St Pancras Hospital site.

Under our proposals the existing 84 mental health inpatient beds would move from the St Pancras Hospital site to a brand new purpose-built site. This is located adjacent to the Whittington Hospital and next to Camden and Islington NHS Foundation Trust’s Highgate Centre for Mental Health which also has inpatient facilities.

There are no plans to reduce any inpatient beds in Camden and Islington as part of the proposed changes to inpatient services. The aim of the proposal is to strengthen current services. We have carried out an analysis on the number of inpatient beds needed by service users up to 2025. Our ambition is to provide more services in the community and we are confident that there will not be an increase in demand for inpatient beds.¹

The present inpatient wards at St Pancras Hospital are not designed to meet modern health and safety needs, nor do they provide an effective therapeutic environment for care. A Care Quality Commission report, published in June 2016, highlighted that the Trust’s wards at St Pancras Hospital require significant improvements. Some wards have no clear line of sight to all areas, meaning that mirrors have to be installed to keep patients safe. There are also some ligature risks which cannot be removed.

A significant level of investment would be needed to maintain and upgrade the current buildings to meet modern standards amounting to approximately £10 million. Even then, the facilities would not meet the required standards we want for service users and those set out by the Department of Health and Social Care. Due to the old and outdated design of the entire estate, there are access issues and a considerable challenge in meeting disability access requirements, as outlined in the Equality Act 2010.

As well as these issues, the St Pancras area has changed considerably in recent years. The site is now overlooked by high-rise buildings and with more building work set to continue, patient privacy and dignity will be increasingly compromised. There is little outdoor space for patients and the space that is available is not of the quality that we would strive for.

How we reached the proposals for inpatient services

Camden and Islington NHS Foundation Trust has used a structured process for developing the inpatient proposals in this document. In discussion with Camden CCG and Islington CCG, local councils, service users, carers and Trust clinicians a set of criteria was created and a list of 10 options were assessed against the criteria.

The first criterion was that the inpatient unit needed to be in Camden or Islington.

A list of around ten potential sites for inpatient services within the surrounding area was developed by the Trust’s project director in consultation with the medical director, director of strategy, wider Trust board, local stakeholders and Islington and Camden Councils.

They included the following types of sites for which we then conducted searches:

- surplus council owned land in Camden or Islington
- sites owned by other government bodies which are being decommissioned
- sites owned by neighbouring NHS providers
- privately-owned sites
- sites in Camden and Islington.

It was established that Camden Council and Islington Council nor any neighbouring NHS providers had suitable land available apart from The Whittington Hospital and St Ann’s Hospital. An exhaustive search of decommissioned government sites was also unsuccessful and the Trust was unable to identify any vacant private-sector land that met the requirements and/or was available.

On this basis, the full list was therefore reduced to a short list of three viable options by the Trust board that matched some/all of the list of Critical Success Factors (CSFs) that reflected the Trust’s vision for the project and its clinical strategy. These were:

OPTIONS

- Do minimum with inpatient facilities
- Provide inpatients at site next to Whittington Hospital
- Provide inpatients at St Ann’s Hospital

The options were appraised and assessed by a range of stakeholders including service users. Following this they were then taken through to the next stage of evaluation via the CSF process before being reduced to a single option: providing inpatient beds on a site at The Whittington Hospital.²

¹You can read more about here: www.gov.uk/government/collections/health-building-notes-core-elements

²You can find more detailed information on the steps we took to develop the proposals of the consultation at: www.islingtonccg.nhs.uk/consultations
Engagement with service users

To support the options development process, we engaged with a range of service users between March 2017 and May 2018. Representatives of the Trust met with service users, staff, carers and other community groups at over 40 meetings to discuss these proposals and plans. These meetings have shown that the vast majority of people are in support of the move of inpatient beds.

There were some initial concerns raised by people about inpatient beds being moved from the familiar environment of the St Pancras Hospital site but a large proportion of local people agreed that continuing to maintain the buildings was not a sustainable long-term option.

There was recognition that the St Pancras Hospital buildings are not as good as they should be and a new, modern environment with therapeutic inpatient spaces was welcomed. There was also a desire to move to a more peaceful location than the St Pancras Hospital site.

For a summary of the feedback please go to our website: www.islingtonccg.nhs.uk/stpancras

From this engagement and the work the Trust had undertaken with stakeholders as part of the options appraisal we were able to determine:

Benefits of the proposal

We believe the proposed change to inpatient services will offer a number of benefits to service users, including:

- a new inpatient facility will mean the Trust can offer accommodation which is welcoming, pleasant and safe for patients
- the new building will be designed to meet modern health and safety standards and in accordance with the Department of Health and Social Care’s best practice guidelines
- the new building will be designed to be inherently safe and will not need to be adapted to reduce ligature and other risks
- the building will be designed in collaboration with service users and will meet service users’ holistic needs. All the bedrooms will have their own bathroom
- the proposed site behind the Whittington Hospital will mean that mental health service users have easy access to physical health services. We know that nearly half (46 per cent) of people with a serious mental illness have a long-term physical health condition and are at risk of losing on average 10-20 years of their lifespan due to physical ill-health
- the new site would have outdoor space with a designed garden area for therapeutic purposes
- the long lease of the St Pancras Hospital site will enable sufficient funding not just for a new purpose built inpatient unit but also the development of two new community hubs and a mental health research facility in partnership with University College London Partners
- the long lease of the land will pay for the new inpatient building.
Concerns about the proposals
We also recognise that there are some concerns which were held by service users and other stakeholders, including:

- leaving the familiar setting of St Pancras Hospital site, which some service users have been going to for years, may be unsettling or difficult
- the St Pancras Hospital site is near to Kings Cross and Granary Square with a wealth of shops, restaurants and other amenities. The proposed new inpatient unit by Whittington Hospital is in a more suburban area with less of a choice of shops and local facilities
- the current site is close to St Pancras station and Kings Cross which has very good transport links. The new site in Archway has accessible transport links but is not as well-served in terms of frequent and varied transport means as Kings Cross
- the St Pancras Hospital site is located in Camden. The proposed new site would be located in the London Borough of Islington and for some inpatients, their carers, families and friends this may mean a longer journey time, although for others it will be shorter.

Proposals for the new inpatient facility in more detail
We are proposing that the new inpatient facility will be located on land bought from the Whittington Hospital. It will comprise a brand new, three storey building surrounded by landscaped gardens.

The new building will be fully accessible with disabled access. It will present a warm, therapeutic and welcoming environment, in line with what service users have told us they want from a building.

The new buildings would be designed to the highest standards. This will include criteria such as sustainability, carbon emission reduction, design durability, adaptation to climate change, ecological value and biodiversity protection.

The design of the wards and rooms will include:

- a total of 84 ensuite bedrooms across five wards. Current plans for four of the wards is to have 17 rooms each and the fifth ward would have 16
- there will be flexibility to change the layout of the wards for example, splitting one of them into two separate and smaller wards. No ward will have more than 18 beds in line with national guidance
- the rooms would measure 11.8 square metres, with 3.1 square metre ensuite bathrooms. These will be generally larger than those currently on St Pancras Hospital site
- all rooms will have ensuite bathrooms
- each ward will have two consulting rooms, communal lounges and a garden or outdoor terrace area.

To give a visual impression of the difference between the current inpatient units and the proposed new site we have included some pictures below.

Pictures of the current inpatient wards at St Pancras Hospital

Pictures of a newly designed inpatient ward

Please note this is not the proposed inpatient ward but is indicative of the quality, style and standard that we would meet. If the proposals are agreed, the Trust will be working with service users to design the new wards and space.
Travel

The new location of the inpatient unit will mean that some residents will have to travel further to reach it. The current location of St Pancras Hospital site is situated between Camden Town station and Kings Cross tube and rail station. The new site is by the Whittington Hospital which is close to Archway tube station.

TRAVEL

The Whittington site is served by eight bus routes, as well as the Northern Line (Archway) and London over-ground (Upper Holloway).

By tube:
NORTHERN LINE to ARCHWAY

British Rail:
The nearest station is UPPER HOLLOWAY (BARKING to GOSPEL OAK LINE)

By bus:
143, 210, 263, W5 and 271 stop outside the ARCHWAY CAMPUS on HIGHGATE HILL. 134, 43 and 264 stop alongside ARCHWAY ROAD and C11 which goes from ARCHWAY STATION to the WHITTINGTON HOSPITAL site.

You can find out more about travel times on our website www.islingtonccg.nhs.uk/stpancras

We are asking you to give your views on the move of in-patient mental health facilities from the St Pancras Hospital site to the a new purpose-built site on land next to the Whittington Hospital.

SECTION 2: CAMDEN AND ISLINGTON NHS FOUNDATION TRUST COMMUNITY SERVICES AND THE DEVELOPMENT OF MENTAL HEALTH COMMUNITY HUBS

As well as the proposed move of the inpatient beds, we are also planning to relocate some services delivered at other sites into two community hub locations. At this stage we are planning for two new community hub locations but the Trust’s future plans include developing more hub locations across both boroughs, subject to public consultation.

Some services currently delivered at the St Pancras Hospital site will be delivered in the two community hub locations, appointments will also be available at St Pancras Hospital site, investing more than £40m in new community facilities. On page 23 we give more detail on the mix of services at each of the proposed three locations: Greenland Road, Lowther Road and St Pancras Hospital, which services are proposed to stay and which services are proposed to move.

Service users will still have access to community services at St Pancras Hospital. The St Pancras Hospital site will be a beacon clinical site where we will offer a wide range of clinical services along with the Recovery College, training, education and research.

Our proposal includes building two new community hubs where service users and carers will have a familiar, welcoming, easily accessible place where they can access a variety of services that promote holistic care.

Currently many of the Trust’s community services are scattered across both Camden and Islington in old, expensive-to-maintain and often difficult-to-access buildings. This means some service users having to travel to multiple locations to get all the care they need.

The community hubs proposals will help place community services at the centre of mental health service delivery, ensuring care is provided close to where people live or where they can get to easily.
Within our current plans we are proposing two new community hubs; in the future the Trust are looking to develop further community hubs across both boroughs and we will consult with you at this time. This supports our vision for mental health and the Trust’s wider clinical strategy that includes providing services in primary care settings which takes services right into the heart of the communities we serve.

The proposal for the community hubs entails moving some of the administrative bases of the Trust’s mental health community services currently based at the St Pancras Hospital site, and also some services at the smaller Trust sites across Camden and Islington, into larger, newly-developed buildings enabling teams to be co-located which will facilitate better integration between teams and more efficient use of resources.

Service users will still access community services at St Pancras Hospital but these services will also offer appointments at the community hubs, giving service users greater choice of where they wish to access services. For a substantial number of service users, services in smaller sites are hard to access. The services that move from smaller sites across Camden and Islington will inconvenience people living near to those services. This will need to be considered against the benefits of being able to access more services in one location and having a strong primary care mental health offer.

Community hubs will offer opportunities to host services delivered by other organisations, to ensure service users are treated holistically and not just in relation to their mental health needs.

WHERE IS IT PROPOSED THE HUBS WILL BE LOCATED?

We are proposing to develop a new model of community hubs at key sites in Camden and Islington. Our current proposals involve having two hubs: one at site on Greenland Road (Camden) and one at a site on Lowther Road (Islington). This is to ensure community services are easily accessible to both Camden and Islington residents in locations close to public transport. These are not fixed locations and we are open to suggestions from residents about whether you feel that there is an alternative location or locations for the community hubs. Clearly, the final location will be dependent on the availability of suitable sites.

If the proposals are agreed and the development of new hubs takes place, the current community services at these sites will have to be moved temporarily while building takes place. The Trust will ensure this takes place as quickly, and with as little disruption, as possible with the interim location’s as nearby as we can achieve.

CONCERNS ABOUT THE MOVE TO NEW COMMUNITY HUBS

We have also identified a number of concerns, including:

- moving to a new site could be unsettling or difficult for some service users. However, it is proposed that all outpatient services currently delivered at St Pancras Hospital continue to be delivered there. Some services are proposed to be delivered at all three locations - St Pancras Hospital, Greenland Road or Lowther Road and service users will have a choice of which location they go to. Please see page 23 for more detail.
- some service users and their families or carers may have a greater distance to travel if their community service is moved
- some staff may decide they do not want to move to the new location
- having such a range of community services in one location could be daunting for some service users.

ENGAGEMENT WITH SERVICE USERS

In March 2018, the Trust held an engagement event for service users and carers to share views on the proposals, specifically for the two new mental health community hubs. The majority of service users were positive about the plans for the new facilities. The strongest views were based on wanting services that were inclusive, well-资源ed with knowledgeable and compassionate staff, in a warm and welcoming environment.

It was also highlighted that the proposed new locations could create changes to travel for those visiting the facilities. It will be closer for some but could be more difficult for those who travel further and who have mobility issues. The view of the majority of people we spoke to was that if services were good, improved and inclusive this was more important than location.

Benefits for redeveloping community services and the community hubs

We believe that the creation of two community hubs will offer a number of benefits to service users, including:

- future mental health care will need more services in the community to help manage people’s conditions in the least restrictive environment, with a greater focus on prevention and early intervention
- developing care in the community will allow working in a more joined-up way across Camden and Islington with physical health and social care partners, removing the barriers to personalised care
- local people have told us they would prefer more services in the community in high-quality and easily-accessible buildings and these proposals aim to meet these needs
- the Trust has a number of small buildings that are not used very much. Moving services based in these buildings to one of the new community hubs will allow the Trust to be more effective and efficient with its resources. You can find out more about which services might move from a smaller site to one of the hubs by looking at the tables on page 23
- although the proposals will mean fewer community buildings overall, patients, families, carers and staff would benefit from more community mental health services under the same roof, working closely together.
- the availability of suitable sites.
- the majority of service users were positive about the plans for the new facilities.
More information on the proposed Islington community hub

It is proposed that the location of the Islington community hub will be at the Trust’s existing site on Lowther Road. This is not a fixed location and we are open to suggestions from residents about whether you feel that there is an alternative location or locations. The community hub will include four floors, around 20 clinical consulting rooms and with office space for staff on the upper levels.

There will also be additional community space which could be used for wellbeing or health focused activities such as exercises classes or art classes.

Travel options:

By tube and rail:
Close to Holloway tube station (Piccadilly Line), Highbury and Islington station (Victoria and East London and City Line) and Drayton Park station

By bus:
43, 153, 263, 271, 393

YOU CAN FIND OUT MORE ABOUT TRAVEL TIMES ON OUR WEBSITE
WWW.ISLINGTONCCG.NHS.UK/STPANCRAS

More information on the proposed Camden community hub

It is proposed that the location of the Camden community hub will be at Greenland Road which is an existing Trust site. This is not a fixed location and we are open to suggestions from residents about whether you feel that there is an alternative location or locations. The community hub will also be developed into a four storey building with around 20 consulting rooms and office space for staff on the upper floors.

There will also be additional community space which could be used for wellbeing or health focused activities such as exercises classes or art classes.

Travel options:

By tube and rail:
Adjacent to Camden Town tube station (Northern Line) and Camden Road station (East London and City Line)

By bus:
24, 27, 29, 88, 134, 168, 214, 253, 274, C2

YOU CAN FIND OUT MORE ABOUT TRAVEL TIMES ON OUR WEBSITE
WWW.ISLINGTONCCG.NHS.UK/STPANCRAS
Which services would move to the community hubs?
Most of the local community services will remain the same. Clinicians have identified some services that will benefit from moving from a smaller community site to a hub, or being offered at one of the new hubs, as well as at St Pancras Hospital. We have discussed this with our service users and are now asking your views on the proposed service offer.

The following factors were considered before proposing the move of selected services:
- views of service users and carers
- other community services used by these people
- views of senior clinicians to identify which teams need to be co-located to improve care and experience for service users
- number of people using the service
- location, condition, cost effectiveness and accessibility of the building the service is currently housed in.

CHANGES TO COMMUNITY SERVICES BASED AT ST PANCRAS HOSPITAL
The Trust is proposing that the administrative team bases of the three community services currently based at St Pancras Hospital move to Greenland Road. They are South Camden iCope, South Camden Resolution Home Treatment and the Camden Mental Health Assessment and Advice team. The actual services will be available at Greenland Road and the St Pancras Hospital site to give service users a choice of location.

The Trust also propose that the administrative team base of the Islington Practice-Based Mental Health Team, also located at St Pancras Hospital, moves to Lowther Road. This will mean that the administrative team will be closer to the Islington residents it serves. Service users, who are seen by Practice-Based Mental Health teams, will continue to see Trust clinicians, in most cases, at their GP practices.

SERVICE MOVES FROM GREENLAND ROAD
The Islington Assertive Outreach Team would move from Greenland Road to Lowther Road to locate closer to Islington residents.

SERVICE MOVES FROM PECKWATER CENTRE
The South Camden Recovery and Rehabilitation Team would move to Greenland Road to enable service users to access other support and wellbeing services.

SERVICE MOVES FROM MANOR GARDENS
As with iCope Camden, North Islington iCope would be based at Lowther Road to remain close to Islington residents with access to other support and wellbeing services within the new hub.

The services in each community hub:
The table opposite shows which community services are proposed to move to the Lowther Road and Greenland Road community hubs and where those community services are currently located.

Table of community services that are proposed to move into the new community hubs:

<table>
<thead>
<tr>
<th>CURRENT LOCATIONS AND SERVICES</th>
<th>SERVICE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Pancras Hospital site: these services will continue to be provided at the St Pancras Hospital site but will also be provided at Greenland or Lowther Road as highlighted below</td>
<td></td>
</tr>
<tr>
<td>South Camden iCope</td>
<td>The Camden iCope psychological therapies service offers evidence-based therapies. The team treat people with depression, anxiety or other common mental health problems who may have a long-term condition, medically unexplained symptoms or insomnia.</td>
</tr>
<tr>
<td>Camden Practice Mental Health Team</td>
<td>The Camden Practice-Based Mental Health Team delivers mental health services in GP practices across Islington. This is done through multi-disciplinary teams comprising psychiatrists, psychologists, pharmacists, mental health nurses and social workers. The team works alongside GPs to provide local, specialist mental health assessments and consultations including signposting to other services.</td>
</tr>
<tr>
<td>Most service users are seen in their GP practice but where there is no capacity they will be seen at their new hub</td>
<td></td>
</tr>
<tr>
<td>South Camden Crisis Resolution Home Treatment</td>
<td>The South Camden Crisis Resolution Home Treatment Team mostly provides care in people’s homes during a mental health crisis.</td>
</tr>
<tr>
<td>Islington Practice Mental Health Team</td>
<td>The Islington Practice-Based Mental Health Team delivers mental health services in GP practices across Islington. This is done through multi-disciplinary teams comprising psychiatrists, psychologists, pharmacists, mental health nurses and social workers. The team works alongside GPs to provide local, specialist mental health assessments and consultations including signposting to other services.</td>
</tr>
<tr>
<td>Most service users are seen in their GP practice but where there is no capacity they will be seen at their new hub</td>
<td></td>
</tr>
<tr>
<td>The Rivers Crisis House</td>
<td>There will be a separate consultation on this.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Move to Highgate Centre for Mental Health: The pharmacy is currently connected with the St Pancras Hospital site inpatient unit and would move with the inpatient facilities to Highgate if the proposals are agreed.</td>
</tr>
<tr>
<td>Approved Mental Health Professional Service</td>
<td>Move to Highgate Centre for Mental Health: The Approved Mental Health Professional Service helps anyone whose difficulties are such, that they require an assessment or treatment in hospital for a period of time. This could be either as an informal patient or, where necessary, under a section of the 1983 Mental Health Act. Please note that AMPs are employed by the local council.</td>
</tr>
<tr>
<td>Most service users are seen in the community or in hospital settings.</td>
<td></td>
</tr>
<tr>
<td>GREENLAND ROAD</td>
<td></td>
</tr>
<tr>
<td>Islington Assertive Outreach Team</td>
<td>The Islington Assertive Outreach Team provides care co-ordination, recovery-focused interventions, psychological, practical and emotional support, motivational interviewing and Mental Health Act expertise. They also support people with a history of psychotic disorders and complex needs who may have had difficulty working with other teams or services.</td>
</tr>
<tr>
<td>PECKWATER CENTRE</td>
<td></td>
</tr>
<tr>
<td>South Camden Recovery Team</td>
<td>The Recovery and Rehabilitation Team is a multi-disciplinary service that provides a range of health and social care interventions to adults with a diagnosis of psychosis and offers support to service users, carers, family and wider support networks as appropriate.</td>
</tr>
<tr>
<td>MANOR GARDENS IS A HEALTH AND WELLBEING CHARITY AND COMMUNITY CENTRE BASED IN NORTH LONDON</td>
<td></td>
</tr>
<tr>
<td>iCope - North Islington Team</td>
<td>iCope psychological therapies service in North Islington offers evidence-based psychological therapies. They treat people with depression, anxiety or other common mental health problems who may have a long-term condition or medically unexplained symptoms or insomnia.</td>
</tr>
</tbody>
</table>
Below we have highlighted which community services are already based at the St Pancras Hospital site, Greenland Road and Lowther Road and will remain at these locations:

Current locations and services which are not moving and will continue to be provided at their current site

**ST PANCRAS (OUTPATIENTS)**
- Complex Depression, Anxiety and Trauma Service
- Camden and Islington Psychodynamic Psychotherapy Service
- Sexual Problems Team
- Traumatic Stress Clinic
- NHS Transition, Intervention and Liaison Veterans’ Mental Health Service (formally known as LVS)
- Attention Deficit Hyperactivity Disorder (ADHD) Team
- Adult Autism Clinic
- Acute Day Unit (Jules Thorn)
- Recovery College
- Clozapine Clinic

**GREENLAND ROAD**
- Camden Assertive Outreach Team
- Camden Early Intervention Team
- Islington Early Intervention Team

Early Intervention Teams are highly specialist services and so it is important that the Islington and Camden teams are located together in the same building. To enable them to continue to work together and improve care for services users through shared learning and best practice. By being located together in this way, both teams also have access to a lead psychologist for support and supervision with complex cases. Some service users are seen onsite but the teams also visit service users in their own homes and in community locations across Camden and Islington.

**LOWTHER ROAD**
- North Islington Rehabilitation and Recovery Team
- Cornwallis Outreach Project
- Islington Mental Health Reablement Service

As part of these proposals we are not considering moving any other community services, other than those listed in this document.

**WE ARE ASKING FOR YOUR VIEWS ON:**

- the proposed use of community hubs and the St Pancras Hospital site to deliver some community mental health services as outlined within our proposals
- the mix of services proposed at St Pancras Hospital, Lowther Road and Greenland Road
- the proposed location of the Greenland Road site (Camden) and Lowther Road site (Islington) for the two new community hubs.
SECTION 3: OTHER NHS SERVICES WHICH ARE CURRENTLY DELIVERED FROM ST PANCRAS HOSPITAL SITE

There are additional services located on the St Pancras Hospital site that are delivered by other NHS providers. All of these services will stay on the St Pancras Hospital site and, depending on the service, could be housed in a refurbished building. As these services are not moving, they will not form part of this consultation. To fully understand the redevelopment plans we have included information on the NHS services delivered by other providers which will be staying on the St Pancras Hospital site.

It is intended that the GP out-of-hours service and GP practice will be delivered in a newly refurbished building. There is a possibility that we will need to temporarily house the GP out-of-hours service and GP practice elsewhere on the St Pancras Hospital site during redevelopment. If this is the case we will ensure disruption to the service is as limited as possible.

Table of non-Camden and Islington NHS Foundation Trust services which are staying on the St Pancras site

<table>
<thead>
<tr>
<th>NHS SERVICES AND DESCRIPTION OF SERVICE</th>
<th>CURRENT ADDRESS</th>
<th>FUTURE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney dialysis clinic (Royal Free Hospital)</td>
<td>ST PANCRAS HOSPITAL</td>
<td>New building on St Pancras Hospital site</td>
</tr>
<tr>
<td>Ophthalmology clinic (Royal Free Hospital)</td>
<td>ST PANCRAS HOSPITAL</td>
<td>New building on St Pancras Hospital site</td>
</tr>
<tr>
<td>GP out of hours service (London Central and West Unscheduled Care Collaborative)</td>
<td>ST PANCRAS HOSPITAL</td>
<td>New building on St Pancras Hospital site</td>
</tr>
<tr>
<td>Kings Cross GP Practice (AT Medics)</td>
<td>ST PANCRAS HOSPITAL</td>
<td>New building on St Pancras Hospital site</td>
</tr>
<tr>
<td>Rehabilitation inpatient wards (Central and North West London NHS Foundation Trust)</td>
<td>SOUTH WING</td>
<td>There will be no change to the site or location of this service</td>
</tr>
<tr>
<td>Evergreen Ward (University College London Hospital)</td>
<td>SOUTH WING</td>
<td>There will be no change to the site or location of this service</td>
</tr>
</tbody>
</table>

How are we financing this?

For Camden CCG and Islington CCG there will be no change to the way in which we commission the services from the Trust. This means the proposed changes have no negative or positive financial impact on our commissioning budgets. The proposed changes mean the services delivered will be delivered in a slightly different way or in a different location, the actual funding for these services remain the same. The proposals are described as ‘cost neutral’ for both CCGs.

Costing and financing

Investment in the new inpatient facility and the community hubs will be funded by money released from the value of the St Pancras Hospital site.

The Trust will need a bridging loan to enable the new facilities to be built before moving from the land of St Pancras Hospital site.

In the table below are the financial projections for the Trust, which show the funds they have raised or will raise to finance the proposals and how these funds will be used.

Overall the long lease of the St Pancras Hospital site will generate £90.4 million with other funds generated from the sale of vacant Trust sites and Trust reserves. The full proposals will cost £135.4 million. The new inpatient facility is projected to cost £73.5 million and the community hubs £40.6 million.

<table>
<thead>
<tr>
<th>SOURCES OF FUNDS (£M)</th>
<th>USES OF FUNDS (£M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of freed St Pancras Land</td>
<td>Land Purchase for new Inpatient Facility</td>
</tr>
<tr>
<td>Sale of Trust property currently vacant</td>
<td>New Inpatient Facility Building Costs</td>
</tr>
<tr>
<td>Trust Reserves</td>
<td>Community Hubs Build Costs</td>
</tr>
<tr>
<td></td>
<td>Community Hub on St Pancras site</td>
</tr>
<tr>
<td></td>
<td>Fees</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>90.4</td>
<td>14.5</td>
</tr>
<tr>
<td>13.0</td>
<td>59.0</td>
</tr>
<tr>
<td>32.0</td>
<td>40.6</td>
</tr>
<tr>
<td></td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td>4.9</td>
</tr>
<tr>
<td>Total</td>
<td>135.4</td>
</tr>
<tr>
<td>135.4</td>
<td>135.4</td>
</tr>
</tbody>
</table>

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The financial implications of redeveloping St Pancras Hospital

Continuing to provide inpatient services at St Pancras Hospital through renovation of the inpatient unit has been ruled out as an option. The cost to renovate the building and the temporary reprovision of inpatients while the building work took place was much higher than the Trust’s current resources.

There are a number of significant issues with the site at St Pancras Hospital which refurbishment and renovation of the building would not resolve. These include the privacy and dignity of inpatient service users being compromised as there are approved development plans around St Pancras for tall residential blocks (up to 12 storeys) with balconies overlooking the site.

It is also unlikely there will be a 84 bed facility elsewhere in the country to temporarily house inpatients from the St Pancras hospital inpatient unit; if any were available the facility would need to be outside of Camden and Islington which could have a negative impact on patients. Therefore, it is likely that a temporary decant facility would need to be built while work was undertaken to develop the site permanently.

Redeveloping the inpatient beds on the St Pancras Hospital site would also reduce the amount of land that could be long leased. This would reduce the money that could be generated to £50.4 million. This would result in a financial gap of £82.5 million which means that the scheme is not financially viable and there would be no funds available for the development of community hubs.

If we did not long lease some of the land on the St Pancras Hospital site we would also not be able to release the capital for the community hubs development.

Redevelopment of St Pancras Hospital inpatient units on the St Pancras Hospital site financial implications:

<table>
<thead>
<tr>
<th>SOURCES OF FUNDS</th>
<th>USES OF FUNDS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net St Pancras Hospital Land value</td>
<td>Construction of the temporary Decant</td>
<td>55.0</td>
</tr>
<tr>
<td>Sale of Empty Trust Property</td>
<td>Facilities on St Pancras Hospital site</td>
<td>61.0</td>
</tr>
<tr>
<td>Trust Reserves</td>
<td>New inpatient facility at St Pancras Hospital</td>
<td>40.6</td>
</tr>
<tr>
<td></td>
<td>Community hubs</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td>SPH hub</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>Fees</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>95.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>177.9</td>
</tr>
</tbody>
</table>

What will happen to the St Pancras Hospital site if it is redeveloped?

In order to finance the changes to mental health inpatient and mental health community services, a significant portion of the St Pancras Hospital site, which is owned by Camden and Islington NHS Foundation Trust, would need to be long leased. Redevelopment of the land will free the necessary funds to build a new inpatient unit in the more therapeutic setting near Highgate Centre for Mental Health and to invest in community mental health hubs.

The St Pancras Hospital site is 5.4 acres in size and the Trust currently leases out about a third of it. Most of the space the Trust occupies is for inpatient beds. Moorfields Eye Hospital and the Institute of Ophthalmology want to long lease (in excess of 100 years) two acres to relocate from their existing Victorian buildings near Old Street station. The Trust is hopeful this will happen, however, the redevelopment of the land can happen with or without Moorfields Eye Hospital.

Camden and Islington NHS Foundation Trust will retain a presence on the site. The Trust’s new accommodation at the St Pancras Hospital site would occupy the same amount of space as the existing East Wing. The remaining land would be redeveloped. As current site policies support new housing for surplus land and buildings, the Trust will be working with Camden Council to look at the opportunities for new housing which could best meet the Council’s and Mayor of London’s requirements. With a 50% target for affordable housing on public sector land, this would cover different types of affordable housing including homes at genuinely affordable social rents and for key workers in the public sector.6

The Trust’s accommodation at the St Pancras Hospital site would consist of consulting rooms, meeting rooms, training facilities and the Recovery College which offers free, co-produced and delivered (with service users) courses on recovery and wellbeing. The Recovery College will include space for both clinical delivery and support facilities for the clinical teams. In the same building the Trust intends to host the new Institute of Mental Health with University College London Partners which will take up approximately the same space. The Trust already has one of the strongest records and reputations in UK mental health research. That is why the vision for the St Pancras Hospital site includes the establishment of an Institute of Mental Health, bringing together the Trust’s research facilities and staff. This will enable research departments to collaborate more effectively, making it easier to run world-class research into tailored treatment plans for every individual, ensuring the best treatment and care for local people.

The new plans also mean there will be fewer buildings overall and the new buildings will be modern and energy efficient, helping to reduce running costs for the NHS to further protect services. The buildings delivering other NHS services will remain (please see Section 3, page 26 for more details).

6You can find out more about Camden Council’s planning requirements by reading their Housing policy: www.camden.gov.uk/ccm/navigation/housing/housing-policy-and-strategies/
Next steps and assurance

The consultation runs from 4TH JULY to 10TH OCTOBER 2018.

Prior to the start of the consultation, we have carried out engagement with service users, clinicians, key stakeholders and the Camden CCG and Islington CCG Governing Bodies, along with attending the Camden or Islington Health Overview and Scrutiny Committees and Joint Health Overview And Scrutiny Committees to ensure that the proposals meet the five Secretary of State tests for NHS service change proposals. These are:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners.

5. Bed closure test

We worked with the London Clinical Senate, an independent group of healthcare professionals from across the NHS, who assess whether they believe the proposals will improve patient care and the quality of care. A report of their findings and recommendations on how we have used this to further shape our proposals can be found on our website: www.islingtonccg.nhs.uk/stpancras

We are also working with the Consultation Institute, an independent advisory body, who will assure our consultation process, from pre-consultation to evaluation, meets the highest standards and quality for consultations.

Once the consultation has closed the results will then be collated and analysed by an independent organisation: Participate. This analysis will be written into a report. We will publish the report on our website: www.islingtonccg.nhs.uk/stpancras

This report will then go to Camden and Islington CCG Governing Bodies in November who will make a final decision on whether the proposals should go ahead, taking into account the results of the consultation report as part of their decision making.

We will publish the final decision on our website: www.islingtonccg.nhs.uk/stpancras and will share this decision widely.

Timeline of consultation process and final decision making:

- St Pancras Development Partner appointed: June 2019
- Community Hubs complete: December 2022
- Inpatient move completed: June 2023

Timeline of completion of the community hub clinical model and building works:

- St Pancras Development Partner appointed: June 2019
- Community Hubs complete: December 2022
- Inpatient move completed: June 2023

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- Inpatient move completed: June 2023
The consultation details

The consultation will begin on **4TH JULY** and run until **10TH OCTOBER 2018**. We are keen to hear your views on our proposals and to listen to any suggestions about how we can improve our services in future.

There are a number of ways that you can give us your views:

1. **PUBLIC MEETINGS WILL BE HELD IN CAMDEN AND IN ISLINGTON**

   - **ISLINGTON:**
     - 11th July
     - 6pm to 7.45pm
     - Laycock Professional Development Centre, Conference Room, Laycock Street, London, N1 1TH
   - **CAMDEN:**
     - 19th July
     - 6pm to 8pm
     - St Pancras Hospital, The Well, 4 St Pancras Way, Kings Cross, London, NW1 0PE
   - **CAMDEN & ISLINGTON JOINT MEETING:**
     - 26th September
     - 6pm to 8pm
     - St Pancras Hospital, Conference Hall, 4 St Pancras Way, Kings Cross, London, NW1 0PE

The consultation, questionnaire and public events will also be advertised on the websites of Camden CCG, Islington CCG, Camden and Islington NHS Foundation Trust, Camden Council, Islington Council and Healthwatch Camden and Healthwatch Islington. They will also be advertised in the local media in both boroughs to encourage participation from those affected by these proposed changes including service users, stakeholders and the public.

You can find further information about the events on: [www.islingtonccg.nhs.uk/stpancras](http://www.islingtonccg.nhs.uk/stpancras)

2. The information in this document and the questionnaire are on our website. You can complete and return the questionnaire online by going to [www.islingtonccg.nhs.uk/stpancras](http://www.islingtonccg.nhs.uk/stpancras).

3. We will also be attending Camden and Islington NHS Foundation Trust service user groups and speaking directly with our service users who currently use the services.

4. Complete the consultation document and send the completed survey back to:
   - **FREEPOST TRANSFORM MH CONSULTATION**

5. If you have any queries about this consultation or you require this document in an alternative format such as Easy Read, large print, audio, braille, and in languages other than English please email [islington.ccg@nhs.net](mailto:islington.ccg@nhs.net)

   Or call 020 3688 2900
The Population and Healthcare Challenges for Camden and Islington

The healthcare challenges set out below are in line with those presented in each of the borough’s Joint Strategic Needs Assessments (JSNAs) and latest Annual Report and Accounts.

**HEALTH AND WELL-BEING CHALLENGES IN THE BOROUGH OF ISLINGTON**

- Islington borough is London’s fifth most deprived borough and the fourteenth most deprived in England, leading to poor health and wellbeing outcomes.
- The borough is one of London’s most mobile populations with approximately 20% of residents entering and leaving the borough each year. This results with challenges in identifying health issues and monitoring improvement in health outcomes.
- At least 44,000 registered service users have one long-term condition such as diabetes. It is also assumed that many more long-term conditions may be undiagnosed.
- Islington has the highest prevalence of psychotic disorders in England, nearly double the national average. About 10% of registered service users have a diagnosis of depression, which is amongst the highest in London.
- About 22% of children aged six in the borough are obese.

**HEALTH AND WELL-BEING CHALLENGES IN THE BOROUGH OF CAMDEN**

- Camden is ranked the 15th most deprived borough in London (out of 33). Within Camden there are areas that are within the 10% most deprived areas in England. Poverty is a key determinant of poor outcomes in health and wellbeing and higher levels of deprivation are linked to numerous health problems such as chronic illness.
- Camden has the third highest diagnosed prevalence of serious mental illness in the country and the 8th highest diagnosed prevalence of depression in London. One in seven adults in Camden have been diagnosed in primary care with one or more mental health conditions.
- Camden experiences a higher rate of alcohol specific hospital admissions than England and London. Three quarters of the adult population in Camden drink alcohol and of those who drink an estimated 34% drink at levels that cause risk of harm to physical and mental health.
- Life expectancy in the borough of Camden is higher than the average life expectancy in London and England. While the life expectancy is higher, on average the last 20 years of their life is spent in poor health. There is also a stark difference in the life expectancy between the most and least deprived boroughs.
- The JSNAs published in October 2016 estimate that the population is due to rise by 9% over 10 years. Although older people make up a relatively small proportion of Camden’s population (approximately 11.5% are aged 65 and over), the highest percentage growth (41%) in the 10 years commencing 2016 will be seen in those aged 75 years and older, resulting with exacerbation of health challenges.
HAVE YOUR SAY ON TRANSFORMING MENTAL HEALTH SERVICES IN CAMDEN AND ISLINGTON

Camden and Islington Clinical Commissioning Groups (CCGs) are proposing a change to some mental health services, currently delivered on Camden and Islington NHS Foundation Trust’s (the Trust) St Pancras Hospital site. We are aiming to modernise and improve the quality of care provided to local people across North Central London. The proposed changes will affect all inpatient mental health services at St Pancras Hospital and some community services on other Trust sites. No services will be cut as part of these proposals.

1. Your views are important to us. Please complete this questionnaire online or by hard copy and return it to FREEPOST TRANSFORM MH CONSULTATION. The proposals are explained fully in our consultation document which you can find at www.islingtonccg.nhs.uk/stpancras

2. This survey is also available as a word document and in Easy Read format. You can access these different formats at www.islingtonccg.nhs.uk/stpancras or by emailing islington.ccg@nhs.net or by calling 020 3688 2900

Please also contact us to request this survey in another language or format such as braille or if you need help filling out this survey. If you feel you need more space to put forward your views in relation to any of the questions, please include a separate piece of paper.

DATA PROTECTION STATEMENT: All information that you give in this survey will be processed on behalf of Camden CCG and Islington CCG by a company called Participate Ltd. This survey forms part of our consultation on improving our mental health services. The data will be used for that purpose only. All data will be held securely and the information you provide will be treated as confidential. We request that no additional personal data is provided in this survey.
PROPOSAL OVERVIEW

In summary we are proposing the following changes:

- Moving the St Pancras inpatient unit to a new purpose built site with better facilities next to the Whittington Hospital (2.5 miles away).

- The proposed relocation of some of Camden and Islington NHS Foundation Trust’s community mental health services and the development of two new community hubs, with one in Camden and another in Islington. The proposals, at this stage, include one hub in each borough with plans for further hubs in the future and we will consult with you on these at this time. We are proposing that community mental health services are delivered in fewer locations and in better buildings (newer and easier to reach) across two community hub sites and the St Pancras Hospital site. This will help joined up working between sites and help the teams to deliver more than one service to those who need it.

Q1a Having read our proposals, to what extent do you agree or disagree that we need to make changes to the way in which mental health services are delivered across Camden and Islington?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

Q1b Please explain your reasons for the answer given to Q1a above.

ST PANCRAS HOSPITAL SITE

The following questions relate to the first part of our proposal which affects the services delivered in relation to the St Pancras Hospital site inpatient unit.

Currently, inpatient mental health services at St Pancras Hospital site are provided in buildings that are not designed to meet modern health and safety needs, nor do they provide an ideal therapeutic environment. A Care Quality Commission report, published in June 2016, highlighted that the Trust’s inpatient wards require significant improvement.

Under our proposals the existing 84 mental health inpatient beds would move from the St Pancras Hospital site to a new purpose-built site on land purchased adjacent to the Whittington Hospital. This is next to Camden and Islington NHS Foundation Trust’s Highgate Centre for Mental Health (which also has inpatient facilities).

There are no plans to reduce any inpatient beds from Camden and Islington as part of the proposed changes to inpatient services; the aim of the proposals are to strengthen current services. These proposals are subject to planning consent.

Q2a To what extent do you agree or disagree with the move of inpatient beds from the St Pancras Hospital site to a new and purpose-built facility next to the Whittington Hospital and opposite the Highgate Mental Health Centre?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

Q2b Please add any further comments you have or alternative options we should consider for the relocation of inpatient beds from the St Pancras Hospital site.
Q3a From the list below, please select the main reasons you feel that travel could be an issue for you or your family? (Please select no more than TWO options)

- Cost of travel
- My family have to travel further
- Additional travel time
- There won’t be any parking
- A more complex travel journey (i.e. I now have to get more than one mode of transport such as a bus and tube, I have to change tubes twice, I have to get two buses etc)
- I don’t know the journey and may get lost or confused
- I am not concerned about travel to the new site
- Others: free text box

Q3b Please use this box to explain the travel issues in more detail.

COMMUNITY SERVICES

The following questions relate to community mental health services delivered across Camden and Islington.

We are proposing to develop a new model of community hubs at key sites in Camden and Islington. Camden and Islington NHS Foundation Trust have identified two sites for two new community hubs. These are at existing Trust sites: Lowther Road for an Islington community hub and Greenland Road for a Camden community hub. These are not fixed locations and we are open to suggestions from residents about whether you feel that there is an alternative location or locations for the community hubs. The final location will be dependent on the availability of suitable sites.

The majority of local community services will remain the same. However, the Trust has identified some services that would benefit from moving from a smaller community site to a hub, as well as being offered at St Pancras Hospital, giving patients a choice of locations where they can access these services.

Changess to community services based at St Pancras Hospital

South Camden iCope, South Camden Crisis Resolution Home Treatment and the Camden Mental Health Assessment and Advice team move to Greenland Road and will also be available at St Pancras Hospital site to give service users a choice of location.

Islington Practice-Based Mental Health Team, currently located at St Pancras Hospital site, moves to Lowther Road, where the team will be closer to the Islington residents it serves. Service users will continue to see Trust clinicians, in most cases, at their GP practices.

All other current community mental health services based at the St Pancras Hospital site, Lowther Road and Greenland Road would remain where they are.

A small number of community services based at other Trust sites would move under the proposals. These are:

- SERVICE MOVES FROM GREENLAND ROAD
The Islington Assertive Outreach Team would move from Greenland Road to Lowther Road to locate closer to Islington residents.

- SERVICE MOVES FROM PECKWATER CENTRE
The South Camden Recovery and Rehabilitation Team would move to Greenland Road to enable service users to access other support and wellbeing services.

- SERVICE MOVES FROM MANOR GARDENS
North Islington iCope would be based at Lowther Road to remain close to Islington residents with access to other support and wellbeing services within the new hub. These proposals are subject to planning consent.
Q4  To what extent do you agree or disagree with the use of community hubs to deliver some community mental health services outlined within our proposals?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q5a  LOWTHER ROAD
To what extent do you agree or disagree with the proposed location of Lowther Road as a community hub?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q5b  To what extent do you agree or disagree with the proposed mix of services at Lowther Road?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q6a  GREENLAND ROAD
To what extent do you agree or disagree with the proposed location of Greenland Road as a community hub?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q6b  To what extent do you agree or disagree with the proposed mix of services at Greenland Road?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q7  To what extent do you agree or disagree with the proposed mix of services at St Pancras Hospital site?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to say

Q8  Please use the box below to give any any other suggestions for additional locations for the community hubs or any other comments that you feel we should take into account in relation to our proposals on community services.
EQUALITIES AND IMPACT

Please use the box below to give any other comments or suggested options that you feel we should take into account in relation to our proposal on community services.

As part of the proposals, Camden and Islington Clinical Commissioning Groups have undertaken an Equality Impact Assessment to understand the impact of the proposals for different community groups under the Equalities Act 2010. You can look at the full Equality Impact Assessment here: www.islingtonccg.nhs.uk/stpancras

Q9 To what extent do you agree or disagree that Camden and Islington Clinical Commissioning Groups have identified all the equalities issues and impacts of the proposed changes?
- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree
- [ ] Don’t know
- [ ] Prefer not to say

Q10 Please use the box below to state any further equalities impacts that you feel we should be considering and how we can minimise the impacts identified.

ABOUT YOU

Camden and Islington Clinical Commissioning Groups are committed to promoting equality of opportunity, to ensure everyone has the chance to participate fully in the activities and decisions of the organisation. By completing the following section you will help us understand who we are reaching and how to better serve everyone in our community.

Q12 Please state the first half of your postcode:

Q13 In what capacity are you responding to the consultation?
- [ ] Current or former service user
- [ ] Carer/family member
- [ ] Member of the public
- [ ] Voluntary organisation/charity
- [ ] Clinician
- [ ] Camden and Islington NHS Foundation Trust staff
- [ ] NHS provider organisation
- [ ] Private provider organisation
- [ ] NHS commissioner
- [ ] Other public body
- [ ] Prefer not to say

ANY OTHER COMMENTS

Q11 Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.
Q14 Do you currently use community mental health services or have you used them in the past two years?
☐ Yes
☐ No
☐ Prefer not to say

Q15 Which age group are you in?
☐ 16 - 18
☐ 19 – 34
☐ 35 – 49
☐ 50 – 64
☐ 65 – 79
☐ 80+
☐ Prefer not to say

Q16 Which of the following options best describes how you think of yourself?
☐ Female (including trans woman)
☐ Male (including trans man)
☐ Non-binary
☐ In another way
☐ Prefer not to say

Q17 Is your gender identity the same as the gender you were given at birth?
☐ Yes
☐ No
☐ Prefer not to say

Q18 Do you consider yourself to have a disability?
Definition of disability under the Equality Act 2010: if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
☐ Yes
☐ No
☐ Prefer not to say

Q19 Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.
☐ White: Welsh/English/Scottish/Northern Irish/British
☐ White: Irish
☐ White: Gypsy or Irish Traveller
☐ White: Any other White background
☐ Mixed: White and Black Caribbean
☐ Mixed: White and Black African
☐ Mixed: White and Asian
☐ Mixed: Any other mixed background
☐ Asian/Asian British: Indian
☐ Asian/Asian British: Pakistani
☐ Asian/Asian British: Bangladeshi
☐ Asian/Asian British: Any other Asian background
☐ Black or Black British: Black – Caribbean
☐ Black or Black British: Black – African
☐ Black or Black British: Any other Black background
☐ Other ethnic background: Chinese
☐ Other ethnic background: Any other ethnic group
☐ Please indicate your religion or belief.

Q20 Please indicate which option best describes your religion or belief.
☐ No religion
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Atheist
☐ Any other religion
☐ Prefer not to say

Q21 Please indicate the option which best describes your sexual orientation.
☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Prefer not to say

Next Steps:
Thank you for completing the survey.
The consultation runs from 4th July to 10th October 2018.
Once the consultation ends the results will then be collated and analysed by an independent organisation: Participate. This analysis will be written up into a report. We will publish the report on our website: www.islingtonccg.nhs.uk/stpancras
The report will be published in November and shared widely with service users and the local community.
This report will go to Camden and Islington Clinical Commissioning Groups Governing Bodies in November 2018 who will make a final decision on whether the proposals should go ahead.
We will publish the final decision on our website: www.islingtonccg.nhs.uk/stpancras and will share this decision widely.
Consultation methodology: Transforming mental health services in Camden and Islington: Proposals for change to the Camden and Islington NHS Foundation Trust Estate

Islington Clinical Commissioning Group, together with Camden Clinical Commissioning Group is leading a consultation on the proposals for the redevelopment of the St Pancras Hospital site of which Camden and Islington NHS Foundation Trust is the landlord.

These changes will affect the inpatient facility and community mental health services currently delivered on the site and on additional Trust sites. The other NHS services which are delivered on the St Pancras Hospital Site by other NHS Providers such as the Royal Free Hospital and a Camden GP practice will remain on the site. In some cases these services will be delivered in newly refurbished buildings, as part of the redevelopment process.

In line with our statutory duties, the CCGs will consult on the redevelopment proposals, ensuring local people are given the opportunity to share their views on the services affected by the redevelopment of the St Pancras Hospital site.

The statutory duties are:

Section 242 of the NHS Act 2006 states:

Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- The planning of the provision of those services
- The development and consideration of proposals for change in the way those services are provided, and
- Decisions to be made by that body affecting the operation of those services

Section 14Z2 of the Health & Social Care Act 2012 states:

The Clinical Commissioning Group (CCG) must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

a) In the planning of the commissioning arrangements by the group,
b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

There is also a duty to consult the local authorities under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

In light of these plans, Islington and Camden CCGs are proposing to run a public consultation for 12 weeks starting from 4th July 2018 to 30th September 2018.
A consultation document, questionnaire and Frequently Asked Questions have been developed.

Aims of the Consultation:

- To understand the views of the local community on the relocation and development of new Camden and Islington NHS Foundation Trust mental health inpatient services from the St Pancras Hospital site to a site by Highgate Centre for Mental Health and Whittington Hospital.
- To understand the views of the local community on the development of two new mental health community hubs, one in Camden and another in Islington.
- Providing members of the public with an opportunity to raise any other options for future service configuration so that these can be considered by the CCGs.

The CCGs, with support from Camden and Islington NHS Foundation Trust, will speak to as many people in the local community as possible, ensuring they hear from a wide range of service users of all of the services proposed for relocation, the local community, local voluntary organisations and Healthwatches, as well as other key stakeholders such as local Councillors and MPs.

Communications and engagement channels
The channels we will use to share the consultation and gather as many views as possible are:

General Population and Service Users:

- A full consultation document with a survey about the proposals will be available on Islington Clinical Commissioning Group, Camden Clinical Commissioning Group, Camden and Islington NHS Foundation Trust and Healthwatch websites.
- There will be hard copies available of the above with a freepost addressed envelope at Camden and Islington Foundation Trust sites, on request.
- Posters/flyers across the Trust’s 30 sites advertising the consultation.
- Prompts on social media, encouraging people to join one of the consultation meetings or provide their feedback online.
- Public meetings on:
  - ISLINGTON: 11th July, 6pm to 7.45pm, Laycock Professional Development Centre, Conference Room, Laycock Street, N1 1TH
  - CAMDEN: 19th July, 6pm to 8pm, St Pancras Hospital, Conference room, 4 St Pancras Way, Kings Cross, London, NW1 0PE
  - CAMDEN & ISLINGTON JOINT meeting: 4th September, 6pm to 8pm, St Pancras Hospital, Conference room, 4 St Pancras Way, Kings Cross, London, NW1 0PE
- A drop-in session with CIFT Trust Clinical Director - Vincent Kircher.
- Sharing the consultation document and survey through our local networks, this includes to the Islington and Camden patient and community groups and Trust service user groups, our patient representatives and our local voluntary and community sector groups.
- Sharing information on the consultation through the GP newsletters and at the GP Forums.
- Sharing information on the consultation through our staff newsletters and at our staff briefings (CCGs and Trust).
- Promoting the consultation survey to seek input from groups who traditionally face barriers to accessing services or having their voice heard. Availability of the consultation document and survey questions in audio, braille, large print, easy read and in languages other than English, upon request.
- There will be a dedicated telephone line for local people either requesting the consultation documents or any questions they may have.
Service Users Specific

It was felt strongly by local HealthWatches and Service Users that there needed to be a focus on consulting with current and ex Service Users as part of the consultation. The points below specifically cover how we will work with service users:

- Attendance (with Clinical Director Vincent Kircher) to speak at all of the Trust’s service users groups introducing the consultation, taking questions and letting people know how to fill it in (along with taking some hard copies)
- Further targeted engagement using the consultation survey with service users across all five of the Trust’s divisions – Acute, Services for Ageing and Mental Health, Recovery and Rehabilitation, Substance Misuse Services and Community Mental Health. This will include both current service users of inpatient services and community services. This work will be carried out by HealthWatch Camden and Islington with Trust service users.

Results, analysis and feedback

Camden & Islington Clinical Commissioning Groups will appoint an independent partner to evaluate the consultation process and analyse the results of the consultation. The partner will develop a process and infrastructure that reassures stakeholders of the independent nature of the evaluation.

Following the closure of the consultation on 21st September 2018, the evaluation team will have a period to analyse the results and present these to Islington and Camden Clinical Commissioning Group Governing Bodies.

Camden and Islington Clinical Commissioning Groups will then make a decision (at a Joint Governing Body) on the redevelopment proposals to NHS England and Council Overview and Scrutiny Committees for Islington and Camden.

The results will be available publically, which will include, sharing on ICCG and CCG and CIFT websites and sharing through other stakeholders networks, such as Healthwatch Islington and Camden.

Decision making process

7. Proposed consultation timeline

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date</th>
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<tbody>
<tr>
<td>Consultation documents and methodology sign off</td>
<td>Islington CCG Governing Body</td>
<td>21st June</td>
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<tr>
<td></td>
<td>Camden CCG Governing Body</td>
<td>21st June</td>
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<tr>
<td>Consultation documents and methodology reviewed by</td>
<td>ICCG and CCCG</td>
<td>20th June</td>
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<tr>
<td>Camden and Islington Health and Overview Scrutiny</td>
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<td>Committees</td>
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<tr>
<td>Public consultation goes live</td>
<td>ICCG</td>
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<td>Evaluation of responses</td>
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<tr>
<td>Event Description</td>
<td>Responsible Entities</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>Results of consultation published and shared</td>
<td>Islington CCG, Camden CCG, the Trust and partners</td>
<td>November 2018</td>
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<tr>
<td>Final Business Case prepared</td>
<td>Islington CCG</td>
<td>November 2018</td>
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<tr>
<td>Consideration of Final Business case by Islington CCG Governing Body</td>
<td>Islington CCG</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; November 2018</td>
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<tr>
<td>Consideration by Camden CCG Governing Body</td>
<td>Camden CCG</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; November 2018</td>
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<tr>
<td>A decision is made by Camden and Islington CCGs on the final Business Case</td>
<td>Camden and Islington CCGs</td>
<td>14&lt;sup&gt;th&lt;/sup&gt; November 2018</td>
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<tr>
<td>The decision is communicated with the local community, OSCs, HealthWatch and partners</td>
<td>Islington CCG / Camden CCG / Camden and Islington Foundation Trust</td>
<td>November 2018</td>
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1. Introduction

The Patient & Public Participation Committee (the Committee) is established, and powers are delegated to it, by the Governing Body of Islington Clinical Commissioning Group (the CCG), in accordance with the CCG’s Constitution.

The Committee’s overarching purpose is to ensure that the CCG fulfils its commitment to develop and maintain relationships with our patients and the public through reviewing the processes of, and the decisions and actions taken by, the organisation.

The Committee has no power to establish sub-committees.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG’s Constitution.

2. Membership

The Committee shall be appointed by the Governing Body as set out in the CCG’s Constitution and may include individuals who are not members of the Governing Body.

The membership shall comprise:

- **Vice-Chair (Clinical) Governing Body member with a portfolio of PPP**
- Two Governing Body Elected Members
- The Governing Body Lay Member with responsibility for Patient and Public Participation
- **Director of Nursing and Quality Haringey and Islington CCGs Member of the Executive Management Team**
- Governing Body Chair (ex-officio)
- Chief Operating Officer (ex-officio)

3. Chair

The Chair of the committee will be a _elected_Governing Body member _with a portfolio of PPP_ or Lay Member.
When the Chair is unavailable, an elected Governing Body member or Lay Member will Chair the meeting.

4. Frequency of meetings

The Committee will normally meet a minimum of 4 times a year.

5. Quorum

A quorum shall be three members.

If a meeting of the Committee is not, or ceases to be, quorate the procedures set out in the CCG's Constitution shall be followed.

6. Non-voting members

Meetings shall be attended by the following non-voting members:

- One Local Authority representative
- One HealthWatch representative
- Two community members

The length of term for community members will be two terms of three years with an option for the community member to re-apply after the two terms, if they would like to.

The Chair of the Committee shall invite other individuals to attend meetings on an ad hoc basis to enable the Committee to discharge its responsibilities.

7. Secretariat support

The Islington CCG Board Secretary Head of Corporate Affairs will be responsible for providing secretariat support to the Committee.

8. Conduct of business

The Committee shall apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct, the Constitution of the CCG, and good governance practice.

9. Remit and responsibilities of the Committee

The Committee shall:

- Promote engagement with patient groups in order to involve interested patients in commissioning.
• Oversee the development and implementation of the Patient and Public Participation, Equality and Diversity Strategy 2015/16 to 2020/21.
• Ensure that strategies relating to equality and diversity are embedded in the CCG’s structures and processes, including advising the Governing Body of their responsibilities under the Equality Act 2010.
• Promote engagement and partnership working with voluntary and community groups to develop new or existing services.
• Ensure that new or developing services commissioned by the CCG consider the patient experience.
• Monitor the effectiveness of participation.
• Receive assurance around the work of the CCG with other committees and groups to ensure that Patient and Public Involvement is embedded in their structure and processes.
• Acknowledge that the Quality and Performance Committee has the responsibility of understanding and using patient experience as part of its fuller understanding of quality.
• Receive updates on any areas of concern regarding complaints managed by the CCG.
• Receive regular updates on STP engagement and ensure alignment with STP.
• Share good practice on PPP across Haringey and Islington CCGs via the Communications and Engagement team which supports both CCGs.

Risk Management

The Committee shall review those risks on the corporate risk register which have been assigned to it and ensure that appropriate and effective mitigating actions are in place.

Policy Approval

The Committee may approve any CCG policies falling within its remit.

10. Reporting arrangements

The Committee shall report regularly to the Governing Body. The report will set out the main matters discussed and any decisions taken. It will also draw the attention of the Governing Body to any matters requiring disclosure to them, or requiring Governing Body approval.

In addition, the Committee will report to the Governing Body every six months on progress in implementing the Patient and Public Participation, Equality and Diversity Action Plan.

The Committee will receive reports relevant to its remit from any group or working group as appropriate.

11. Review of terms of reference
The membership and terms of reference shall be reviewed annually. Any proposals to change the terms of reference or membership must be approved by the Governing Body.

Adopted: March 2014
Reviewed: July November 20187
1. Introduction

The Patient & Public Participation Committee (the Committee) is established, and powers are delegated to it, by the Governing Body of Islington Clinical Commissioning Group (the CCG), in accordance with the CCG’s Constitution.

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The membership shall comprise:

- Vice-Chair (Clinical)
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- Governing Body Chair (ex-officio)
- Chief Operating Officer (ex-officio)

3. Chair

The Chair of the committee will be an elected Governing Body member or Lay Member.
When the Chair is unavailable, an elected Governing Body member or Lay Member will Chair the meeting.

4. **Frequency of meetings**

The Committee will normally meet a minimum of 4 times a year.

5. **Quorum**

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6. **Non-voting members**

Meetings shall be attended by the following non-voting members:

- One Local Authority representative
- One HealthWatch representative
- Two community members

The Chair of the Committee shall invite other individuals to attend meetings on an ad hoc basis to enable the Committee to discharge its responsibilities.

7. **Secretariat support**

The Head of Corporate Affairs will be responsible for providing secretariat support to the Committee.

8. **Conduct of business**

The Committee shall apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct, the Constitution of the CCG, and good governance practice.

9. **Remit and responsibilities of the Committee**

The Committee shall:

- Promote engagement with patient groups in order to involve interested patients in commissioning.
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- Ensure that strategies relating to equality and diversity are embedded in the CCG’s structures and processes, including advising the Governing Body of their responsibilities under the Equality Act 2010.
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In addition, the Committee will report to the Governing Body every six months on progress in implementing the Patient and Public Participation, Equality and Diversity Action Plan.

The Committee will receive reports relevant to its remit from any group or working group as appropriate.

11. Review of terms of reference

The membership and terms of reference shall be reviewed annually. Any proposals to change the terms of reference or membership must be approved by the Governing Body.

Adopted: March 2014
Reviewed: November 2017
Purpose
This report is for ASSURANCE
This report provides assurance and identifies any consequent risks to the Committee on the delivery of the Patient and Public Participation Strategy.

Context:
The below report provides an update on the Patient and Public Participation, and Equality and Diversity Strategy.

This report provides information on the delivery of the Patient and Public Participation Strategy, objectives across Islington Clinical Commissioning Group (Islington CCG):
- To support people to look after their own health and build the number of people who self-care in Islington.
- To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects.
- To ensure the local community are always informed and fed back to about the CCG’s commissioning direction, and community and engagement work in Islington.
- To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

The report provides information on significant recent activity and the progress of the Strategy.

As CCG work programmes report to the PPP Committee they will also provide further updates on the work of the strategy within these programmes.

Issues to be considered
Progress of the strategy

Key risks (including those on the Corporate Risk Register)
Risks outlined on the Corporate Risk Register.

Outline the impact and outcomes of public and patient involvement
The CCG has engaged with patients and local people throughout the organisation’s programmes and through specific projects. This has led to:
- Development or design of healthcare services in Islington
- Two community wellbeing projects to meet the needs of some of the most disadvantaged communities in Islington
Impact Assessments:
Equality impact assessments have been carried out on some of the projects referenced in this report additionally the Community Wellbeing Projects have been influenced by Joint Strategic Needs Assessment.

Supporting papers to this summary
Patient and Public Participation and Equality and Diversity Strategy Update
Patient and Public Participation and Equality and Diversity Strategy Update

Introduction

The delivery of the strategy is making positive progress and the CCG is building on the strong foundations of the previous year to broaden engagement across the organisation and the local community (particularly across the protected characteristics).

This year the Communications and engagement teams across Haringey and Islington have been brought together to support both boroughs. This is reflected across both Clinical Commissioning Groups with other teams brought together e.g. Commissioning.

This has provided us with both some exciting opportunities and challenges. It has meant we are currently working toward engagement being seen as a strong part of all commissioning managers’ roles. All staff recognise it as a key part of programme planning and service development as will be or has been evidenced at this Committee.

To address this the CCG will continue to deliver engagement training twice yearly to Commissioners, highlighting good engagement both collective and individual, as well as encouraging managers to consider community development methods where appropriate with support materials for staff whether they have received training or not. This training will now be available to Haringey and Islington CCG staff, and any staff working across both boroughs.

The local community play an active partnership role in all stages of commissioning including development, design, procurement and delivery of services, as well as monitoring the quality of care. They give us insight about how best to engage with our local community and help providers to improve services.

The information below is a broad overview of the various pieces of work which make up delivery of the strategy – some of them also form part of the engagement work for the four main programmes of the CCG (planned, primary care, urgent care and integrated care). It reflects the way in which engagement is a key part of CCG’s commissioning intentions and commissioning project planning.

We are continuing to work more closely across North Central London as part of North London Partners in Health and Care formally called the Sustainability and Transformation Plan, and as part of this with Haringey, as part of the Wellbeing Programme.

Due to the changes in NHS finances, this year a new focus has arisen and that is a focus on consultations. The changes we are consulting on have focused on changing the ways we use NHS estates and organise services.

Objectives 1

- To support people to look after their own health and build the number of people who self-care in Islington.

Community Wellbeing Project: New River Green Estate

2017/18 Update

Background

New River Green has been funded since March 2014 in partnership with Islington Giving, tackling isolation and improving health and wellbeing outcomes for residents of the estate through an asset based Community Development model. We engage local residents who are experiencing isolation, financial hardship, and poor mental or physical health in community activities, enabling them to
share their skills and lead and shape the activities that are delivered. This project is hyper local with all of the activities focussed around residents of the New River Green estate in the Canonbury area. We have improved our focus over the past year on implementing the Five Ways to Wellbeing concept within our work; enabling residents to connect with each other, learn new skills, give and contribute to their communities, be more active, be mindful or actively consider their mental wellbeing. The activities delivered include free yoga and meditation classes, a community garden and gardening sessions, football for young children, weekly arts and crafts sessions and coffee mornings, a lunch club and film nights. A relational approach is also fundamental to the Health and Wellbeing projects; where friendships and mutual support are valued as a basis for improving individuals’ experience of wellbeing in the long term.

Finsbury Park Good Neighbours Scheme has been funded by the CCG since autumn 2016 as a 2 year pilot in partnership with London Borough of Islington, and delivers similar activities to the above. The project began with a community research phase, and an activity programme was fully delivered from Autumn 2017. The attendance at these groups has been growing through 2018, with numbers attending doubling by May 2018. 51% of group users in Finsbury Park identified themselves as either disabled or with a long term health condition at the time of signing up to participate.

Islington Giving and Peabody Housing Association fund a third Good Neighbours Scheme in Kings Cross / Priory Green Estate, and Islington Giving and London Borough of Islington also fund our newest project on the Bemerton estate. Learning from all projects and having a wider pool of scheme coordinators to share ideas, learning and resources adds value to the project at New River Green.

**Wellbeing Partnerships in HOYD**

During the past year we have been developing relationships with local GP practices and have extended the number of surgeries in which we deliver outreach sessions, for example in the waiting room in River Place near New River Green and in surgery rooms in Andover Medical Practice. We chose these two surgeries, which are near to our Good Neighbours Schemes, to increase targeted outreach and promote the projects as well as support residents to access the support they need through our Connect referral service.

Attendees at our Good Neighbours Scheme activities undertook the CCG surveys about their experiences of primary care. We are also working with Whittington Health on promoting smoking cessation; diabetes self-management and Expert Patients Programme through summer 2018. We facilitated a Bags of Taste group for four weeks in autumn 2017, which teaches participants to cook healthily on a budget. This was very well attended with 24 people taking part in New River Green. We will re-run this programme in partnership with Bags of Taste in 2018/19.

**New River Green: Attendance**

Between April 2017 and May 2018 we had an average of 195 Participants per month; with 117 new participants at New River Green joining through the year. Our ethnic monitoring data shows a good spread of ages, abilities and ethnicities using the groups. We know that the regular users of the day time groups at the Walter Sickert Centre in New River Green have a high level of long term health conditions and in their feedback they report that they would be isolated without the community groups to attend.

Volunteering is highly valued and we counted 489 volunteering hours given in the year concerned with 13 existing volunteers and 20 new volunteers recruited. Some people give regular time weekly and some are more occasional volunteers. Most of our volunteers in the Good Neighbours scheme have long term health conditions themselves.

The seasonal events are very well attended, as detailed in the chart below and draw people into the regular activities and to use our Connect service to address needs that they have.
We run regular groups and one off seasonal events; number of activities run are detailed in the charts below.

**Number of Regular Groups Run April 17 – May 18**

The range of activities delivered provide opportunities to engage people across age ranges in the community.

**Number of Residents at Events 17/18**

The chart above demonstrates that as well as our regular users of activities, that the events that we hold attract the wider community, which offers us the opportunity to advertise our own health and wellbeing opportunities and services offered by other partners in the area to all local residents on the estate served by the Good Neighbours Scheme.

**Impact and Outcomes**

We are due to collect our full annual outcome measures through a wellbeing survey of participants in summer 2018, one year on from the last survey, which will give us an in depth insight into their perception and experience of their improved health and wellbeing as a result of their involvement in the scheme. This will be gathered through an outcomes survey and two focussed discussion groups and will be fed back to the CCG.

**Outcomes Highlights**

**Football 5-9 Year Olds**

One of our aims in setting up this group in response to residents needs for affordable physical exercise for local children. Our partnership with Essex Road Giants also offers the children who attend inspiring leadership and good discipline. Two children from our group this year have worked hard and gained a place in the Essex Road Giants youth team which is a fantastic achievement for them.
Supporting Adults with Long Term Health Issues

We know that we have been supporting more residents with long term health conditions in our day time groups, and also more residents with long term health conditions are coming forward to volunteer and contribute. Every one of our regular weekly volunteers have a mental or physical health issue that they are managing, and report that contributing in this way enables them to improve their sense of wellbeing, gives purpose and reduces loneliness. This is reflected in the case studies below.

Building Community

Bringing neighbours together to connect with each other and support each other beyond the scheme activities builds a sustainable community for the long term. We observe that in 2017/18 the relationships that have developed and deepened across age groups and backgrounds. People are looking out for each other, checking on each other if they do not attend a usual group for any reason, and older adults care for the wellbeing of younger people, and some residents are shopping and bringing things back for others who are less mobile. Some of the younger participants have taught older adults about using phones and software packages on computers. We would like to further develop this aspect of the scheme with more intergenerational work and 1-1 volunteering in 2018/19.

Case Studies

We work with the Five Ways to Wellbeing to support us to assess our impact on residents health (New Economics Foundation 2008). The case studies below sample some of the impact of our work on residents in the five areas.

Connect

A local resident who has lived on the estate for 30 years and has attended GNS events over the previous years of the scheme has begun to attend weekly sessions with a friend. She recently disclosed that she has been diagnosed with dementia. She values attending since she lives alone and is isolated. She reports feeling like she fits in at GNS, and is able to have frank and open discussions with other neighbours about how their various difficulties affect them. She also said she leaves feeling better from having a laugh and a chat.

Give

We have a young volunteer in her 20’s who is unable to work or study at present due to her long term physical health condition. She attends our coffee morning every week and helps at other events and groups when she is able. She finds it makes her feel of value to input into the community and she has very good relationships with some of the older residents. T

Be Active

K is a man in his late 30s who sustained a brain injury 8 years ago and has difficulties with communication and social skills, and is significantly overweight. He has been known to our Connect team for some years but has only felt able to speak to one member of staff. Our GNS Coordinator has consistently been friendly towards him and invited him to participate. In Spring 2018 he began to come to Arts and Crafts group, and he was then invited to the user participation Reference Group which he did. Following the discussion at this group about exercise classes, he has been attending the yoga class. He says he is comfortable to begin to exercise at this community class since we have built up trust with him over time,. He wants to improve his health, and his attendance at two groups each week also reduces his experience of social isolation.

Learn

A resident with a severe mental illness has been sharing her artistic skills at various groups; including the stay and play with parents and children. She enjoys being able to have an outlet for her creativity and has both been learning new skills at Arts and Crafts and teaching others.
Be Mindful/ Care for Your Mental Health

A resident with a mental health condition has been attending for two years. He has been a regular volunteer at Arts and Crafts and says that the Good Neighbours Scheme has been a lifeline for him and has given him regained confidence whilst managing his illness. Over the past year he has shared more of his story with our team and other residents and has been supported to access more help through our wider range of referral partners. This has led to him being able to re-connect with his family. We helped him to obtain a gym membership since he wanted to reduce his weight and increase his physical fitness, which he now attends regularly. Participation for this resident has led to a significant improvement in both mental and physical health.

Summary

New River Green has continued to flourish and attract new participants over the past twelve months. We will be consulting residents fully about their improved wellbeing in July/August 2018, a year on from the last consultation. Future aspirations for the project are around building the resident-led nature of the scheme so that individuals develop even greater skills and the community is strengthened through active participation; continuing outreach so that more residents can benefit; and developing the intergenerational volunteering aspect of the project.

Integrated Care and Primary Care Programme:

These programmes have previously provided an update to the Committee however it is worth noting that they are successfully delivering a number of initiatives which will help patients to self-care and manage their conditions including:

- Multi Disciplinary Team working
- Health Navigators
- Help On Your Doorstep navigators in GP practices

Objectives 2

- To involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects.

Community members and patients on Clinical Quality Review Groups:

In the last year we have one or more community member attendees at all of our Committees and working groups. Such meetings usually take place every two months. We continually promote these roles to find new applicants.

To support our community members we hold network meetings for all members to attend, meet each other and share what is happening in their respective groups. These community member network meetings focus on the strategic overview of CCG (and now Sustainability and Transformation Plans) and give members a chance to talk about what they are focusing on in their different CCG committees / working groups.

Patients also provide feedback to local providers through formal quality and contract review meetings. This is in place with all providers the CCG leads on: Moorfields, Whittington Hospital and Camden and Islington Foundation Trust.

Patient Participation Groups:

To ensure there are several routes through which the local community can provide feedback to the CCG on health issues, the CCG holds two Islington-wide Patient Participation Groups (PPGs) per year. These are open groups, attended by patients and GPs and chaired by a pay person. People from across the borough are welcome to attend and a range of topics are discussed, such as commissioning plans, quality of healthcare services and any current service developments or projects.
The groups are managed and organised by HealthWatch Islington, who have an excellent track record of engagement work and working with people who do not always have their voices heard within service design and assessment. Involvement from a more diverse patient group is achieved by Healthwatch sending out invitations to PPG meetings to their own members (600 local residents and organisations) and to people who use their services and take part in research (around 500 – 1,000 a year), as well as those who are already on the PPG members list. Healthwatch also work hard to maintain and increase attendance by allowing for more flexible involvement by working with local organisations, Manor Gardens and Everyvoice who have excellent ties to local communities, particularly Black, Asian, Minority, Ethnic, Refugee and Migrant communities (BAMER).

The additional outreach with local residents takes place at:
- A local community venue in Islington, usually a housing estate community centre
- At Manor Garden’s women’s refuge and migrant forum (with translators in attendance)
- July 2017, 38 attendees at the meeting and 17 in a focus group.
- November 2017, 36 attendees at the meeting and 70 responses to a one-to-one survey.
- June 2018, 43 attendees at the meeting.

Some key issues have been raised by patients at these meetings, and the CCG works hard to respond to any comments or questions raised.

In the last year patients have identified the importance of pharmacy services and have voiced that clearer information is needed about what services pharmacies offer. We are now working with the Medicines Management team to implement a promotional campaign for pharmacies, including promotion through social media and local community organisations. The CCG has put an application in for additional funding for this campaign.

People wanted to know what is being done to find people with long term conditions in the community so they can benefit from early intervention and self-management. The CCG highlighted work by Public Health who deliver free health checks in GP practices, some pharmacies and in the community, aimed at identifying undiagnosed conditions in patients aged 35-74 without undiagnosed cardiovascular disease and who have not had a NHS health check during the last 5 years.

Feedback from attendees on Community Services was corroborated by further engagement through an e-survey. Feedback gathered is leading to changes to how podiatry appointments are booked for those needing urgent appointments.

Deaf service users continue to raise concerns about access to interpreting and the CCG is working with providers to improve this.

**Programme engagement:**
There has also been significant engagement throughout the programmes which have previously provided reports to this Committee. Highlights include:
- Choice and Control Programme
- Joint Commissioning and Mental health including the commissioning of Last Years of Life service user group Voice for Change and Islington Borough User Group (IBUG)
- Children’s services engagement.

All follow a similar method working with services, HealthWatch and voluntary sector to reach out to and speak with local residents. They carry out their engagement in a targeted way and/or speaking to those groups who may face the most significant barriers when accessing services, along with actioning the feedback they gather and providing a response back to the local community.

**Consulting and in-depth engagement with local population**
A new area for the Clinical Commissioning Group and the communications and engagement team has been public consultation. Due to increasing pressures on the financial landscape of the NHS,
and an acknowledgement that in some areas services must be modernised and delivered differently, the CCG is now running a number of public consultations with more on the horizon.

Stacey Street:
The Joint Commissioning team will cover this in more depth when they present at this Committee. However, it is worth noting this as a piece of in-depth engagement. Stacey Street, a care home run by Camden and Islington Foundation Trust, was determined to be an expensive service delivered in old buildings which were not fit for purpose and did not meet the quality of care we expect from modern services.

The 18 patients who lived at this home had high need. They had dementia or a severe mental illness which meant they could not live by themselves and would continue to need this level of support for the rest of their lives.

Due to the number of patients affected, it was determined an in-depth piece of engagement was required (rather than full consultation). The Joint Commissioning team worked with Trust Staff, patients and their families or carers to undertake one to one engagement with each person at the centre – and where they did not have the capacity to partake in the engagement to work with the patient and an advocate.

When the engagement was completed, the responses were analysed and a final report was written. This was shared with all those that took part. The decision has been made to shut Stacey Street and move all patients to a new facility at St Ann’s Hospital. However, due to responses from service users & carers the move date has been delayed until 2019.

Transforming Mental Health Services in Camden and Islington: Camden and Islington NHS Foundation Trust redevelopment Estate: Please see the separate paper as presented at this July Committee.

Upcoming areas:

Moorfields Eye Hospital:
Similarly to parts of the Camden and Islington Foundation Trust (CIFT) redevelopment, Moorfields Eye Hospital are seeking to move from their site at Old Street as it is old-fashioned and not fit for purpose. They would like to find a new site where they will build modern and purpose-built facilities to meet the needs of their patients. Moorfields new proposed site is at St Pancras Hospital (which if the CIFT proposals are agreed Moorfields would long lease from CIFT). Currently, the proposals are in their very early stages with the governance of the consultation being agreed with NHS England. Islington CCG is the lead commissioner for Moorfields Eye Hospital so it is likely they will lead on the consultation.

Over the summer months the CCG will work with the Moorfields to create a Pre-Consultation Business Case and support them to undertake engagement with their service users, service user groups, HealthWatch and local charities for those who are partially sighted or have lost their sight.

Same Day GP Access: Walk in Centre:
Since 2009 there has been a Walk-in Centre (WIC) in Islington at Angel Medical Centre (Ritchie Street). The contract between Islington CCG and the WIC ends in April 2019. Legally, we can only extend the contract by a further six months, if needed. To continue the service after that would require us to ‘procure’ the service i.e. advertise the contract to other possible providers. This means we have had to consider whether to continue to commission (pay for) the same type of service, possibly from a different provider, or change the service that is available.

We think this is an opportunity to improve the service that is available, using the money currently spent on the WIC (£790k excluding money recouped from other CCGs). This is NOT about making
savings – we will continue to invest the same amount of money in providing primary care appointments.

We think that we should aim to achieve:

- A clearer, simpler patient offer with a focus on 111 and General Practice.
- A better patient experience

There are two options for spending the funding currently used for the Walk in Centre, to provide same day access to primary care appointments:

1. Same day appointments provided in one or more ‘hubs’ across Islington, bookable by telephone, online, or walking in to the hub – this would be similar to the extended access (iHub) service, currently available in the evenings or at weekends;
2. Additional appointments in each GP surgery

Both options would only be available to Islington patients/residents.

We are currently working through whether this change will require a consultation or in-depth piece of engagement (as advised by Islington Health Overview and Scrutiny Committee).

In light of the proposals, we have begun to work with our local community to help shape these initial plans and hear local views.

We already have considerable amount of patient experience and qualitative insight on what people want from primary care. This includes speaking to 197 people in 2016 on what they would like from extended hours GP access. This included people in the following groups

- People with mental health needs and Long Term Conditions
- Black, Asian, Minority, Ethnic and Refugee (BAMER) women
- Young carers
- People over the age of 55
- People from low socio economic backgrounds and other local residents
- People with a long term condition (HIV & AIDS)

This insight has helped to inform and shape the current options.

At the June 2018 Islington and Patient Community Group we spoke to local people about their views on how the funding for the Walk In Centre should be used. There were 43 attendees. Key points that were raised included not having to tell your story more than once and having ‘walk in appointments’ available across Islington rather than this resource focused on one location (currently at Ritchie Street).

Community Research and Commissioning Intentions Engagement:

This year we re-commissioned a consortia group led by HealthWatch and made up of nine other organisations who represented communities from Black, Asian, Minority, Ethnic, Refugee and Migrant communities (BAMER), and Help On Your Doorstep who work with deprived communities.
We also commissioned Holloway Neighbourhood Group who are working in a partnership with Middle Eastern Women and Society Organisation (MEWSO) – a registered charity, established in 2010 and Turkish, Kurdish and Cypriot Women’s Welfare Group (TKCWWG) – a grassroots community group, established in 1987.

The group were given a series of questions covering four topics which feed directly into our commissioning intentions and commissioning plans. These topics cover:

- Self care:
- Social issues impacting on health:
• Social isolation
• Care closer to home

We have commissioned the groups to speak with 350 people and support 315 people with signposting or more intensive support.

The aim of the piece of work is to strengthen the way in which we hear from communities who face barriers to accessing services, gather research in a more organised way on our commissioning, strengthen our relationships with grassroots organisations and support them to develop their evaluation and research skills so they can better represent the views of their local community, and finally to feed the information we gather into commissioning plans ensuring we are meeting the needs of the local population.

The reports and recommendations will be shared with the Commissioning Teams and the actions being taken forward through a number of routes. The actions will be reported back to this Committee, as well as shared more widely across Wellbeing Partnership.

An additional outcome we commissioned for this year was to signpost and provide additional more intensive support to the residents who took part in the research, with the intensive support for patients with complex needs.

Through the project we have been able to share information on accessing services with some of the community who find it the most difficult to access services alongside this we have also been able to identify vulnerable members of the Islington community (who we would not otherwise have been able to reach) who had more complex needs and needed additional support to access health services. Through this work the community groups have become more informed so they can signpost those who took part in the research and they but have been able to offer more intensive support to those in their communities that needed it (support such as attending first appointment with a client).

This year we have begun to measure the impact of the project and will be measuring:
  1. What difference has this referral / outcome / support made to you?
  2. Explore further how the support has met their identified need?

The follow up timeframe will be 3 months.

Alongside this we will continue to capture where people have been signposted / referred to.

Due to a delay in funding being confirmed for this project, this year’s project will not finish until September 2018. We will bring a full report back to the Committee at the November meeting on the project with numbers spoken to, support provided and the impact this has had.

Objectives 3

- To ensure the local community are always informed and fed back about the CCG’s commissioning direction, and community and engagement work in Islington.

Feeding back on commissioning programmes:
As part of all engagement work we undertake we feedback to the local community on how their insights have helped shape services. Different projects undertake different approaches.

This year we have shared information with our local community through a number of routes, including:
• Choice and Control Programme New River Green Estate and Andover - both through how we’ve utilised research and service information
• Commissioning Support and Research – both through how we’ve utilised research and service information
• PPGs
Health Exchange

Objective 4
- To listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

Community Research:
A key part of the CCG’s engagement is focusing on those communities who face barriers to accessing services. The Community Research focused particularly on refugee and migrant communities, and communities who face health inequalities.

The CCG is also a member of the Black, Asian, Minority, Ethnic and Refugee Women’s Network which meets quarterly and gives a small amount of funding each year to their annual event. While making links with local voluntary groups is not an outcome in itself, it is through these relationships we are able to successfully engage with such a wide range of our community, gathering feedback from across communities and addressing concerns which can affect the most vulnerable patients.

Health Exchange
The CCG are continuing to build relationships with the Third Sector this includes through the work carried out via the equalities research and community research. Alongside this, this year the CCG has become a partner of Health Exchange. Health Exchange will now replace the third sector forum and is an evolution of this forum.

The Health Exchange is delivered in partnership with Manor Gardens and meets three times a year with between 30 to 40 attendees per meeting, as well as delivering breakfast meetings.

The purpose of the Exchange is to share CCG commissioning plans & funding opportunities, to hear on the ground feedback from our local voluntary and community sector & to share best practice across the community sector.

Equality Objectives:
The CCG and HealthWatch are working with GP practices to raise awareness of the Language Line service through engagement with the Local Medical Committee and at the GP Forum, as well as online communication. Use of Language Line is now being monitored to determine effectiveness of the increased communication. Along with GP communications, a brief has also been shared with local community organisations outlining what their clients should expect from interpreting support.

Alongside this we are working with Haringey as part of the Wellbeing Programme to improve learning disability service users’ experience of services and support them to become more independent.

Engagement across North Central London
As part of the Sustainability and Transformation Plan, boroughs across North Central London (NCL) are coming to work together under the banner of North Central London Health and Care Partners. The plans for developing services across NCL are tied into the things we have already heard from local people. However, further community research and co-design work must take place as the work programmes develop. Engagement is key to the way in which we work in Islington and we are keen to ensure our approach can be reflected, wherever possible, in the way the STP carries out engagement.

To that end:
All communications and engagement teams across North Central London CCGs have been brought together under one directorate, with regular meetings with the Corporate Services Director and all Heads of Communications and Engagement.

A new Head of Communications and Engagement for Haringey and Islington

A restructured communications and engagement team that supports communications and engagement across Haringey and Islington. This ensures better working between the way we communicate with our local communities and engage with them, as well as ensuring we have more consistent messages across the two boroughs as both CCGs continue to work more closely together, with one Executive Management team.

We have undertaken projects which sit across North Central London CCGs: this includes a national medicines management review, where we used materials across both Haringey and Islington and Procedures of Limited Clinical Effectiveness – the case for change was taken to the Joint Health Overview and Scrutiny Committees where it was decided that a public consultation was not needed. Currently, we are looking to support North London Health and Care Partners with a review of orthopaedic services. We have already met with the team and are planning how we can best deliver this programme and service change to meet the needs of our local community.

Wellbeing Partnership

The Wellbeing Programme is a part of the STP and focuses on joint working between Haringey and Islington.

Haringey and Islington Head of Communications and Engagement has been the lead for this piece of work and has this year supported the partnership to develop how they think about communicating the work of the partnership with partner organisations, staff and the local community – and the vehicles for doing so.

Additionally we have supported the partnership to undertake engagement with their Musculo-skeletal (MSK) service users to develop the way in which the service is delivered. The CCG spoke with 10 people over two sessions about their experiences of MSK services. All participants were over the age of 55. This supported initial engagement which had already taken place, as well as patient experience on the actual service.

Conclusion:

Islington CCG is working across a range of mediums to fulfil each of the four objectives. The projects that sit under these objectives both stand alone and link together to provide a picture of how the local community experiences health services, health commissioning and looking after their own health and wellbeing.

There are some core principles which the CCG undertakes to incorporate in all of their engagement work. These focus on speaking to and sharing information with as many people in the community as possible, working with a range of people, working with groups that experience significant disadvantages when accessing services and supporting people to look after their own wellbeing.

The staff engagement training and guide has helped to both solidify and develop this approach throughout the organisation. Engagement is now a part of the majority of commissioner’s everyday work – with pockets of creative thinking as engagement becomes more established in people’s roles. This year we plan to further develop the training with Haringey CCG staff and staff who now have joint roles across Haringey and Islington CCG ensuring we don’t dilute the strong emphasis on engagement that has traditionally been a key part of Islington CCG’s way of working.

We are also working with the Council and voluntary sector to share our experiences and learning delivering community development which has this year brought us national recognition through the New Economics Foundation.
Alongside this we are developing effective community development and engagement work across our partners. North Central London Health and Care Partners and Wellbeing Partnership, although brings challenges as we work with a wide variety of partners also brings opportunities for further sharing our engagement approach across our providers and commissioning partners, engaging with a wider population across NCL and offering system leadership around engagement approaches.
Purpose
This report is for ASSURANCE / DECISION

Overview

The Committee asked for an overview of the way in which Haringey CCG and Islington CCG carry out engagement.

Attached are two sets of high level slides which give an overview of the mechanisms and structures for engagement across the two CCGs.

There are many similarities with engagement a key focus of both CCGs. The overall structure and approach mirror each other in many ways with open public meetings, representatives on some Committees and targeted research projects.

There are some differences, highlighted below:

- Haringey has not previously undertaken staff training. However, this year both CCGs will be offered the engagement training previously carried out by Islington CCG
- Islington CCG staff are expected to undertake engagement as part of their roles, as a key part of all projects and to put small amount of budget aside for this. Currently, this isn’t the expectation across all Haringey staff. Additionally, Islington CCG has historically provided a greater budget for engagement.
- Haringey CCG has had more of an emphasis on looking at patient experience data and triangulating this with qualitative information received via GPs or the community
- Haringey CCG has a sub-committee for engagement and involvement whereas Islington CCG has a Committee.
- Islington CCG delivers two community development projects on local estates – and has explored the interaction between engagement and development (supporting people to improve their wellbeing).

Issues to be considered:
Sharing learning across both CCGs
<p>| Key risks (including those on the Corporate Risk Register) | n/a |
| Actions required or in train | n/a |
| <strong>Outline the impact and outcomes of public and patient involvement</strong> | The information here outlines the involvement carried out across Haringey and Islington CCG. |
| <strong>Equality Impact Assessment</strong> | n/a |</p>
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<th>Project</th>
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| Haringey CCG Engagement Network                               | Quarterly meetings across the year. The purpose of the Network is to support a group of patients and the public to:  
• Learn about health and health issues in Haringey  
• Contribute to the CCG’s priorities, decision making, and quality improvements  
• Act as ‘messengers’ to and from their groups and communities  
Membership includes patient representatives, patient participation group (PPG) representatives, community and voluntary sector organisations, Healthwatch Haringey and Bridge Renewal Trust (the umbrella organisation for the local community and voluntary sector). | Haringey CCG commissioned the Bridge Renewal Trust and Public Voice to manage the Engagement Network’s membership and organise the meetings, with direction and support from the CCG.  
Areas covered recently:  
• MSK  
• Haringey and Islington Wellbeing Partnership  
• Care Closer to Home Integrated Networks  
• Child and Adolescent Mental Health Services  
• Over the counter medicines consultation |
| Engagement in developing and commissioning services and care pathways | • Engaging with the wider communities and groups into the CCG’s commissioning and service design work. This is so that we can ensure that a more diverse group of people can help us to inform our commissioning.  
• Involving local people in service procurement.  
• Some programmes are jointly commissioned with Haringey Council. | Haringey CCG commissioned the Bridge Renewal Trust and Public Voice to support with some of these activities.  
Commissioners also lead on co-ordinating their own patient and public involvement activities.  
Recent service/ pathway redesign / service procurements, where patients/ public have been involved include:  
• Ears, Nose, Throat service  
• Ophthalmology and Urology  
• Dermatology  
• Home support and reablement services  
• Primary care access hubs |
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<tr>
<td>Annual public meeting</td>
<td>Every year Haringey CCG hosts a public meeting which is an opportunity for the CCG to engage with the public, inform them about our work and get feedback about local health issues and services.</td>
<td>The Bridge Renewal Trust and Public Voice lead on organising the public meetings, as part of the engagement partnership with Haringey CCG. They have worked with various local community groups / organisations to gather feedback including, but not limited to:</td>
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|                                             | Over the last two years the CCG has worked with The Bridge Renewal Trust to conduct research with Haringey residents and find out about the health services that they felt were most important to the community.                                                        | • Latino Kitchen  
• Asian Day Care  
• Blind Venture Club  
• HAGA / St Mungo’s  
• HENRY  
• Haringey Autism  
• Haringey Deaf Service  
• St Ann’s Church Group |
|                                             | Our aim is to try and structure the meeting around the areas that people want to discuss. We have an afternoon meeting and a repeat in the evening to maximise attendance.                                                                                      |                                                                                                                                                                                                                  |
|                                             | In 2017 around 170 people attended the meetings.                                                                                                                                                               |                                                                                                                                                                                                                  |
| Self Care / self management initiatives:    | As part of our duties as a CCG we are expected to support our local population to self care/ self-manage .                                                                                                       | The CCG oversees & commissions a range of activities to do this:  
• CHOICES - a service which supports children and young people with their emotional wellbeing. The service provides self-management advice for service users.  
• Self-management programmes for diabetes and COPD |
| Patient involvement in governance structures | Haringey CCG has several patient representatives who are members of some of the CCG’s decision-making committees:  
• Finance and Investment Committee  
• Quality Committee  
• Communications and Engagement Sub-committee                                                                                     | In-house                                                                                                                                                                                                          |
<table>
<thead>
<tr>
<th>Project</th>
<th>Information</th>
<th>Commissioned by</th>
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<tr>
<td>Health Exchange</td>
<td>3 meetings across the year</td>
<td>The Council to bring the voluntary sector together to help develop skills, best practice &amp; consortia working. A partnership with Manor Gardens, CCG presents at every meeting</td>
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<td></td>
<td>With Islington’s voluntary and community sector to share health &amp; social care plans &amp; gather feedback and community experience.</td>
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<td>Commissioning Intentions Community Researcher &amp; Support</td>
<td>Working with community organisations to engage upon the key commissioning priorities and issues of the CCG. Strengthening the way we hear from communities who face barriers to accessing services &amp; high health inequalities. Additionally, supporting those in the community who face barriers to accessing statutory universal services through support &amp; signposting. We measure the impact of these interventions.</td>
<td>Commissioned through a variety of organisations, £56k This year: • Help On Your Doorstep • Diverse Health Voices (a consortia of HealthWatch and 9 small refugee and migrant organisations) • Consortia of Holloway Neighbourhood Group, Middle Eastern Women and Society Organisation (MEWSO) &amp; Turkish, Kurdish and Cypriot Women’s Welfare Group (TKCWWG)</td>
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<td>Community wellbeing projects</td>
<td>Community development project initially on New River Green Estate The works with the local community, supporting them to deliver a huge range of wellbeing interventions to support this local community. The Council, Cripplegate &amp; local housing associations are now using this as a model for further community development work</td>
<td>• New River Green Estate (CCG, £25k) • Andover Estate (Funded by Council and CCG (25k)) • Bemerton Estate (Funded by Cripplegate and Council, with CCG staff involvement) • Alongside this Peabody Housing Association have funded two further insight projects in the Caledonian road and Archway area. Caledonian Road project is the site which was chosen to deliver another Community Wellbeing Project. All projects are commissioned through Help on Your Doorstep.</td>
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| **Targeted Research Projects** | Engaging with the local community on a range of different subjects to support service development and design e.g:  
- Over the counter medicines: national consultation  
- St Pancras Hospital Redevelopment pre-engagement  
- MSK  
- Choice & Control  
We have strong relationships with a range of community organisations – having developed these since authorisation (and before). As an organisation our aim is to continue to make links to as many community groups as possible, so we can ensure we are speaking to and supporting as many in the local population as possible. We are open to and indeed focus on meeting and working with new community organisations. | A range of local community organisations included but not limited to:  
- Diverse Health Voices  
- IMECE  
- HealthWatch  
- Help on your Doorstep  
- Young Carers  
- IBUG & Women’s Strategy Group  
- Age UK  
Commissioned by commissioning lead as part of project / service as required. |
| **Feeding patient voice into commissioning programmes and patient groups** | The CCG supports a range of community or service user groups or representation of patients in CCG commissioning & governance structures |  
- Last Years of Life Service User Group (commissioned with St Josephs Hospice)  
- IBUG mental health service user group (commissioned with IBUG)  
- A member of BAMERS Women’s Network & £500 per year toward international women’s day event  
- Community members sitting on all of CCG’s Committees and working groups |
| **Self Care Initiatives:** | As part of our duties as a CCG we are expected to support our local population to self care. | The CCG oversees & commissions a range of activities to do this:  
- Local health navigator service  
- Help on Your Doorstep Connect service within GP practice  
- Recovery College Mental Health  
- St John’s Way Health Coach |
| **Staff training** | Staff training on Engagement approaches and best practice in CCG | In-house |