

Report for: Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee – 19 June 2017

Title: Care Closer to Home Integrated Networks - CHINs

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1. Describe the issue under consideration

- 1.1 This paper provides an introduction to the work underway across Islington and Haringey to develop Care Closer to Home Integrated Networks (CHINs) and Quality Improvement Support Teams (QISTs), key propositions of the North Central London sustainability and transformation plan.
- 1.2 It sets out the case for change and provides an update of the development locally.

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to note progress with the CHINs and QISTs and the opportunity to develop stronger local partnerships to deliver locality based health and care.

3. Background information

- 3.1 The North Central London Sustainability and Transformation Plan (STP) was built around a case for change that identified three imperatives:
 - Health and wellbeing – we don't always achieve good outcomes for all of our residents and need to provide more support to prevent illness and support people to live well
 - Care and quality – we don't always provide services consistently across North Central London and to the standard we would like
 - Finances – we are already in deficit and if we do nothing this will get worse so we need a system that is able to manage demand and be delivered efficiently
- 3.2 Health and Care Closer to Home is one of the key workstreams of the STP and is working to deliver a number of projects including better access to primary care and more resilient general practice. Another area of work is the

development of CHINs and QISTs. CHINs build on much of the integrated care work already underway across the boroughs.

- 3.3 Over the last couple of years both Haringey and Islington have been developing new models of care that support people to stay well for longer through early identification and support for long term conditions; to understand their condition and manage their own health through supported self-management and navigation and to receive care that is co-ordinated when they need it through integrated care.
- 3.4 The concept of CHINS takes this model one step further by commissioning and delivering services for population cohorts across a range of 50-80,000 people – a scale similar to primary care localities. This is across health and care services and has a strong emphasis on partnership working, not only across councils and NHS organisations but including the voluntary sector and local people.
- 3.5 CHINs support a place based approach to health and care provision, being able to knit together services that residents rely on to support their health and care needs. A priority of the CHIN work is prevention and self-management and therefore all the CHINs are working closely with the voluntary sector to develop these elements.
- 3.6 Both CCG's have asked for expressions of interest to develop CHINs. Islington has two emergent CHINs who are meeting together now to develop plans. A third CHIN will develop from 2018. The North CHIN is focusing on frailty and is keen to develop better local co-ordination and joinedup care; the South West CHIN has a focus on improving long term condition management through the development of a digital register and more systematic approach.
- 3.7 Haringey had 8 expressions of interest from groups of practices and partners and currently has three CHINs developing across the borough. The West CHIN is proposing to focus on frailty and the East CHIN on long term conditions and mental health. The Central CHIN is yet to confirm its focus. CHINs are currently developing business cases with the support of the CCG around their priority areas, ensuring that there are 'quick wins' and longer term goals.
- 3.8 As CHINs take shape, CCG's and partners will need to develop governance arrangements that enable shared decision making. To inform this thinking we will look at new models emerging across the country – in the meantime using existing mechanisms such as Section 75 arrangements or contracts will support shared decision making. In Islington, there is a Standard Operating Procedure in place that sets out clinical governance of the Integrated Networks, this will be used to support further work within the CHINs.

3.9 QISTs are another important aspect of Care Closer to Home. These teams will work to address unwarranted variation in quality across general practice. These clinical and management teams offer practical support and will build capacity and capability. Analysts from Public Health are working with us to develop clear dashboards against which success can be measured.

4. Contribution to strategic outcomes

CHINs and QISTs support the strategic objectives to improve health and care outcomes for the residents of Haringey and Islington. We hope that by developing a population health approach means that through partnerships we can deliver health and care services that are proactive, co-ordinated and consistent.

5.1 Legal

The CHIN and QIST initiative falls within the Committee Terms of Reference to encourage joint consideration and co-ordination of health and care issues that are of common interest to the population of Haringey and Islington and to promote integrated working.

There are currently no legal implications identified as part of this work.

5.2 Finance

Acute contracts for 2017-18 were established on the basis that savings would be released as a result of the work of CHINs and QISTs. Both CCGs have identified money to invest in the development of CHINs and QISTs. The exact sums to be released will be confirmed as business cases are submitted and approved through appropriate CCG governance routes.

5. Environmental Implications

There are no known environmental implications of this work.

6. Resident and Equalities Implications

This report provides an update on the progress of CHINs and QISTs and therefore does not have any direct equality impacts. In the development and strengthening of any local partnerships, consideration will be needed in how to pay sufficient due regard to the Public Sector Equality Duty and inequalities in health outcomes for different protected characteristics are incorporated in the design of any locality health and social care scheme.

7. Use of Appendices

None