

North Central London
Joint Health Overview Scrutiny Committee (JHOSC)
December 2016
Sustainability and Transformation Plan (STP)

***Recommendations to
Secretary of State for Health Rt. Hon Jeremy Hunt MP***

In light of the severe cuts to the Social Care budget of the Councils represented by this Joint Health Overview Scrutiny Committee, we ask for the Chair to write to the Secretary of State for Health to highlight our deep concerns about the current level of transformation money and the need to ensure the safe redesign of all services.

We recommend that the extra money required should be determined and agreed by NCL's Transformation Board, the CCGs and the Leaders of Barnet, Camden, Enfield, Haringey and Islington Councils.

***Recommendation to NCL Council Leaders and David Sloman
Chair NCL Transformation Board – see also pages 2 to 11***

We believe that the Leaders of Barnet, Camden, Enfield, Haringey and Islington Councils must not endorse NCL's STP until sufficient funding for local clinical and social care services has been agreed.

The JHOSC will take the response of the Transformation Board to our recommendations at a future meeting of the JHOSC.

Chair of NCL JHOSC Cllr Alison Kelly, vice –chairs Cllrs Martin Klute and Pippa Connor. Members: Cllrs Abdul Abdullahi, Alison Cornelius, Jean-Roger Kaseki, Graham Old, Richard Olszewski, Anne-Marie Pearce, Charles Wright.

Contact Sarah Moyies sarah.moyies@Camden.gov.uk Tel: 0207 974 4129

Introduction

This report presents the combined response of residents, stakeholders, health service professionals, officers, Council Cabinet and Leaders, and elected scrutiny members to the current status of the NCL STP.

The document presents considered critical challenge to the plans where it is felt to be necessary, and is based on verbal and written evidence taken during November and December 2016 at specially convened meetings of the Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London, in response to the very short timescales for submission imposed on the sector by Central Government.

The committee heard evidence that was passionate, supportive and concerned about our local health services, and what those services might look like following implementation of the STP, and deep concerns about whether the STP as it currently stands contains sufficient detail for all interested parties to understand what it does in fact propose.

The JHOSC review has generated a number of key principles and recommendations across eight key themes to help inform and challenge the development and delivery of the NCL STP.

RECOMMENDED PRINCIPLES to guide NCL's approach to developing the STP

- ***Put the needs of individual patients, carers, residents and communities truly at the centre;***
- ***Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths;***
- ***Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements;***
- ***Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities;***
- ***Focus on building resilient patients, carers, residents and communities - and on where resources can have the biggest sustainable impact.***

Transparency

People told us:

- There is a need to ensure clinical scrutiny of everything across the whole system and to ensure we maintain good and safe clinical and social care.
- Engagement is key
 - There has been little to no engagement so far. Many people, including those who are vulnerable, homeless unwell or elderly, are unaware of the STP.
 - There is a need to clearly explain what the STP plan means (translate the technicality and language of the plan)
 - Local people who know of the STP are often concerned it implies major cuts;
 - There is a need to produce a short simple statement about what the STP plans are (sent to every household) and that there will be public consultation on them as they are developed
 - There is a need to produce weekly digests and engagement meetings for each part with a range of stakeholders
 - There is a need for investment of resources in on-going public engagement including the political accountability process. Elected political representatives are guardians of our residents; they engage with and champion the needs of residents. They embrace public scrutiny and understand how to challenge where plans fail to meet the needs of our residents
- Co-production should be serious
 - There has been very little collaborative while developing the plans so far.
 - There has been no dialogue or attempt at any co-design or co-production.

Transparency recommendations: The Transformation Board needs to:

- Ensure future development of the STP includes greater transparency, political accountability, inclusive and open engagement with residents, including with the most vulnerable, frontline staff, clinicians, GPs and council and political leadership;
- Ensure there is meaningful public engagement once details of the plans are available, using a range of communication methods, including but not limited to, the existing engagement processes used by partner agencies;
- Set out clearly what the impacts and implications of the changes will be in a language and format accessible to all residents regardless of age, disability and ethnicity.
 - Events must be in accessible locations
 - Engage with people from a range of backgrounds including those disadvantaged by language barriers, physical disabilities, mental health, physical health, social and other inequalities
 - Outputs from meetings held in public must be publically available
- Commit to demonstrating where engagement activity has influenced STP planning and be transparent when it has not.
- Provide the evidence base for key decisions. Undertake 'stress-testing' to ensure assumptions underpinning the STP are credible and the changes can be delivered.

Governance

People told us:

- There is a lack of Adult Social Care representation on the Transformation Board
- There is a lack of clarity over the governance arrangements / structure of the STP Board
- The JHOSC should consider recommending the delay of signing off to enable consultation, provision of financial modelling information and to address the political engagement deficit.
- There is a need to link into community interest groups, CCGs and elected Councillors
- There is a need to establish a Joint Committee to allow organisations to make collective and public decisions and share accountability

Governance recommendations: The Transformation Board needs to:

- To adopt the 'Principles to guide NCL's approach to the STP' outlined in page 2 of this report.
- Align with the principle of the NHS Constitution and in particular that 'patients should be at the heart of everything the NHS does' and that 'the NHE is accountable to the public, communities and patients that it services' i.e. demonstrate how/ where the local voice is involved in decision making
- To provide full details of anticipated governance arrangements so soon as possible for public consultation
- Develop governance arrangements that allow organisations to make collective decisions and share accountability, and that allow for scrutiny and assurance
- Ensure accountability is maintained at both sub-regional and local level, and that accountability is clear
- Include staff representation on the STP Oversight group
- Work with ASC professionals so that they consider that they are appropriately represented on the Transformation Board and STP work streams.
- Consider establishing an NCL Health & Wellbeing Board building on good practice across the five boroughs and align the STP with Health & Wellbeing strategies

Finance

People told us:

- No funded plan for the transformation. The STP makes assumptions about council services which cannot be met due to funding pressures. If there is no further investment in social care the aims of the STP are undeliverable.
 - Need to recognise the significant funding pressures are also being felt by voluntary sector groups that support vulnerable people across the boroughs.
 - Solutions must be developed to fund adult social care services beyond the introduction of the precept, avoiding the disproportionate impact on lower income households that increasing council tax in the long-run would cause.
 - There is a need to prioritise spending to addressing health inequalities e.g. mental and physical health and homelessness
 - A shift to prevention should not involve a reduction of resources – integration requires running costs to fund targeted peer support and capacity building
- There is a need to understand the impact is of detailed financial assumptions / cuts to social and public health care funding. E.g. What is the future of Better Care Fund and how will this be transferred to ASC
 - It will take time and investment to deliver the kind of systemic change required to move to a prevention based approach.
 - Facing an aging population, more complex morbidity, increasing demand, patient expectations and cost and more expensive innovative technology; issues seen internationally
 - Concerns whether care closer to home will reduce unnecessary costs.
 - Concern that plans to deliver more services in pharmacies may be affected by national plans to reduce pharmacy funding.
 - The STP seeks to fund health promotion and sickness prevention
However, there is concern that many factors influencing ill-health lie outside the scope of local interventions and the potential expected gains of keeping people well longer is not achievable within this footprint.
 - Concern where innovative projects are working, there are no funds to upscale.
- The money originally promised for transformation of services is steadily being removed to fund the deficits being incurred by under-funding of the NHS. It will not be available in the original amounts to fund integration between health and social care.

Finance recommendations: The Transformation Board needs to:

- Recognise that major investment in adult social care, community services, third sector organisations and in prevention is needed to deliver the plans
- Increase the focus on mental health, homelessness, prevention and the development of integrated community services and to support residents closer to home.
- Recognise that as services are transferred from acute to the community so must the funding.
- Provide clarity on where the level of investment required will come from.
- Provide the evidence base and detailed financial assumptions for detailed savings within in the STP e.g. a properly staffed and resourced more primary-care led NHS will be cheaper than the current model of service.
- Provide further detail of the intended spending on public health interventions for the next five years and what measurable benefits are expected to be achieved from this investment
- Provide detail of intended investment in the voluntary and community sector to support delivery of the plan locally.
- Provide detail on how resources will be shared and what financial management processes are being developed.

Digital Services

People told us:

- Digital technology to provide major savings requires significant investment.
- Health and care providers are not ready to meet the Accessible Information Standard for people with disabilities
- The digital transformation described within the plan cannot be delivered and integrated effectively across all provides given the anticipated deficit and historic problems with and overspend on IT systems in the NHS
- Potential to develop approaches that will embed technology to support people to remain independent for longer. Can be used at all stages of the care pathway from early prevention to supporting complex needs.

Digital services recommendations: The Transformation Board needs to:

- Provide further information about how the digital transformation will be paid for
- Explore options to integrate the Accessible Information standard across all systems
- Provide further detail about key planning assumptions and risks around delivery and integration of the digital transformation across all provides.
- Learn from elsewhere, including from abroad.
- Provide further detail on the approaches that will embed technology to support people to remain independent for longer.

Adult Social Care (integrated working):

People told us:

- Concerns about the critical challenges faced in providing ASC, given the impact of funding reductions, including the financial gap of local ASC services and increasing demand pressures on the whole health and care system both locally and nationally.
- The challenges around the workforce instability in terms of recruitment and retention, market sustainability for areas such as home care and care/nursing home sector, meeting the needs of an aging population and pressures presented by the National and London Living Wage all require an ASC perspective.
- Health and care systems are closely linked. Addressing the challenges and proposing changes in one part of the system without considering the other risks severely limits the progress that can be made.
- There needs to be a strategic rethink of the delivery of services to develop new integrated target operating models that promote and support individual independence, dignity and choice, that are financially sustainable.
 - They support the Care closer to Home Integrated Networks (CHINs), to also encompass Maternity Hubs and to ensure that models of care closer to home are funded and transparent
 - There is a need for collaboration that focuses on prevention and early intervention
 - There is a need to ensure inpatient care and secondary care in an acute setting is improved with a focus on strengthening the population and community based model.
 - There is a need to integrate services across health, social care and housing regardless of service or borough boundaries.
- There is a need for stronger recognition of integration through for example, a focus on a more integrated workforce and for pathways that promote independence and that keep people in the community.
 - Getting integrated care right can have a range of benefits for carers, including reduced use of mental health services and increasing of peer support networks.
- Local people are worried about the future of essential community services and the STP does not offer a solution.
 - Concern that a lot of the community based services detailed within the STP rely on community centres e.g. children's centres, day care centres, which are being closed = people left in a community setting without proper support. The community is being asked to provide but it is already so overstretched.
 - There is a need to invest and strengthen community services otherwise there will need to be more acute beds.

Adult Social Care recommendations: The Transformation Board needs to:

- Work with ASC professionals so that they consider they are appropriately represented on the Transformation Board.
- Continue to support localised plans currently in progress to develop integrated health and care services for residents, including using the voluntary and community sectors as the sector of preference. Continue to ensure local control.
- Be more explicit in detailing, in plain English,, how the proposed plan will benefit local residents and the sustainability of the health and care system
- Consider the creation of maternity hubs within the Care Closer to Home Integrated Networks and the inclusion of maternity outcomes e.g. choice added to the care closer to home outcomes listed in the STP
- Consider and promote non-profit model options for home care as a sustainable model for fair care wages

Outcomes including better public and mental health

People told us:

- We want NCL to be the best place for health and wellbeing and where: no one gets left behind; in times of need, good quality and safe health and social care is available; tax payers money is used to the maximum value; there is maximum opportunity for people to reach full recovery
- There is a need to start talking about people / residents / citizens - not patients
- Need to ensure a shift from a model based on sickness to a model focusing on prevention – enable people to stay healthy and live to the best of their potential
 - Need to direct services towards early intervention and integration to ensure people have healthy long and fulfilling lives and prevent the need for more costly services like avoidable hospital admissions and long term residential care.
 - Only 3% of NHS funding goes into prevention – needs a step change = more money to go on prevention.
- There is a need to improve access for deaf and non-English speakers needing interpreters at GP and hospital appointments.
- Concerns about local health and social care outcomes:
 - Need to invest in mental health crisis services in A&E, homelessness, psychiatric intensive care for women and strengthen peri-natal mental health and intervention around dementia
 - Commend the STP for ensuring the implementation of the findings of the national Maternity review: Better Births.
 - NCL have high rates of homelessness – there is no mention of any systematic focus on response to the problem in the STP. The STP process could help to join up and integrate services for homeless patients, as an

exemplar to how the system works with other complex groups with multiple morbidities

- Investment in adaptations and adapted housing is needed to prevent people having accidents and to enhance people's lives in the long-term; ensure adapted housing is targeted to those with need.
 - Public health activity in relation to women (e.g. caring for women with substance abuse problems, obesity issues) and families may benefit from joined-up working in LAs and the core NHS workforce
 - Consider the introduction of therapeutic audits by pharmacists to overview prescribed medications
- Concerns about clinical services being consolidated into fewer hospitals, making them less geographically accessible to local people – Accessibility is a key factor in overcoming health inequality.

Outcomes recommendations: The Transformation Board needs to:

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| <ul style="list-style-type: none">• Ensure NCL is the best place for health and wellbeing where:<ul style="list-style-type: none">○ no one gets left behind; in times of need, good quality and safe health and social care is available; people can access services in the right place and at the right time; tax payers money is used to the maximum value; there is maximum opportunity for people to reach full recovery• Commit that no acute services will be cut until the 'replacement' community services are proven to work. Provide further details about plans to consolidate services. |
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Estates

People told us:

- There is a need a fit for purpose estate that matches the overall strategy
 - Opportunity for estate, hospital environment and workplace environment to be part of the solution.
 - Need to consider dementia friendly building design during any remodelling.; more efficient use of estates; shrink back office accommodation; NHS Property must take risks of void space in their buildings not CCGs as under current arrangements; greater flexibility around rent setting and facilities management costs in community health and primary care properties to ensure best use of properties and facilities.
- Insufficient funding to develop estate and remodel for care closer to home.
- NCL NHS estate has high land values. It is not clear who owns the estates and who would get the proceeds of disposals (Central Government?.) This must be fully clarified. Any disposals must only be made in the long term interests of NCL residents, patients and staff.

- The estates devolution agreement aims to release capital and land for housing and modernising the NHS estate - to better deliver services. The STP focuses on how to release surplus property to remodel, repurpose and modernise the estate to move care out of hospitals and closer to home.

Estates recommendations: The Transformation Board needs to:
<ul style="list-style-type: none"> • Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and VFM • Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people • Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use. • Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.

Workforce

People told us:

- There is a shortage of staff :
 - The best way to improve productivity is to use the existing workforce to eliminate staff shortages, making the work place positive and supportive place, incentivising staff to work overtime, encouraging those who have left to return or to become bank staff - thereby reducing agency spend
 - Need a more versatile workforce and give people new skills to work differently in an integrated health and social care sector
 - requires significant investment; and
 - requires strong strategic innovation capacity in a system which is actually a collection of large and small entities
- Concerns about the capacity of the current workforce to go through the transformation programme;
- The ability to recruit and retain high calibre, well-trained operational staff remains a substantial issue and one that has impact for the whole system – the STP has not had strong input from councils and does not provide details how these issues will be addressed for ASC;
- Concerns that the STP does not address how to develop a positive workplace culture, transparency or development of safe spaces where clinicians can learn when things go wrong or right;
- Concerns about amount of investment in professional development pathways at a time when bursaries and funding have been reduced/removed;
- Concerns that Making every contact count (MECC) is a challenge (staff frequently lack the time, training and resources to meet the demands of a public

health agenda) but can be overcome if contacts are long enough and if appointments are consistently with the same clinician.

Workforce recommendations: The Transformation Board needs to:

- Adopt a policy of redeployment rather than redundancies as a result of any STP implementation.
- Detail how they plan to embed positive working cultures (supportive and open workplaces where staff are supported to learn from mistakes, where leaders are open and honest and where people can speak up when things go wrong) and ensure that services are appropriately staffed, across health and social care, as they are transformed.
- Detail how they plan to reduce agency spending.
- Detail the intended investment in developing skills and qualifications for the part of the workforce who will need to work differently in the future