

Response to North Central London Joint Health Overview and Scrutiny Committee report – December 2016

Introduction

The North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) issued a report in December 2016 on the current status of the NCL Sustainability & Transformation Plan (STP). This followed three evidence gathering sessions held during November and December 2016.

The JHOSC report sets out a number of recommendations for the STP Transformation Board to consider. Our initial response to these recommendations is set out below.

Overview

The NCL Transformation Board welcomes the JHOSC review of the STP and the recommendations which are set out in the report. The leadership of the STP were actively engaged in the JHOSC process and welcomed the positive and constructive approach that has been taken throughout.

The NCL STP is very much a work in progress and we are committed to continuing to work with the JHOSC and the wider NCL community as we develop our plans in the months and years ahead.

The JHOSC report set out recommendations against eight key themes. Our preliminary response to the recommendations made by the committee, follow the headings provided in the report.

Recommended principles

We agree to adopt the recommended principles to guide NCL's approach to developing the STP set out on page 2 of the JHOSC report:

- *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

We understand the concerns raised about transparency, although we do emphasise that there has been more engagement in the development of the content of the draft STP than has been acknowledged. The draft plan builds on many years of engagement work which has been undertaken by the Clinical Commissioning Groups, NHS providers and local authorities across NCL. This information and research has informed many of the areas of work being proposed. As a consequence, the ideas set out in the draft plan have generally been welcomed.

However we acknowledge the need to address the concerns that have been raised about transparency and set out our initial response to the recommendations below.

Transparency recommendations from the JHOSC:

<p>1. <i>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.</i></p> <p><i>Transformation Board response:</i> Agreed. We are committed to working in a fully transparent, inclusive and open way as the STP develops.</p>
<p>2. <i>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.</i></p> <p><i>Transformation Board response:</i> Agreed. We will ensure that public engagement is built into each of the STP workstreams as they develop the plans in more detail.</p>
<p>3. <i>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.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>4. <i>Events must be in accessible locations.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>5. <i>Engage with people from a range of backgrounds including those disadvantaged by language barriers, physical disabilities, mental health, physical health, social and other inequalities.</i></p> <p><i>Transformation Board response:</i> Agreed. We make a commitment that equalities assessments will be developed as part of the next phase of planning.</p>
<p>6. <i>Outputs from meetings held in public must be publically available.</i></p> <p><i>Transformation Board response:</i> Agreed. We will create a NCL website that allows material from meetings to be available and accessible to the public.</p>
<p>7. <i>Commit to demonstrating where engagement activity has influenced STP planning and be transparent when it has not.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>8. <i>Provide the evidence base for key decisions. Undertake 'stress-testing' to ensure assumptions underpinning the STP are credible and the changes can be delivered.</i></p> <p><i>Transformation Board response:</i> The draft plans have been based on an assessment of evidence. The evidence base which has been</p>

used will be shared as part of engagement on the plans as they are worked up in more detail.

Governance

We have recognised that there has been a lack of engagement of local politicians and chairs of health organisations in the governance of the STP to date. We are currently developing our ideas on how to address this.

There has been significant social care input into the STP. All local authorities are represented on the current *Transformation Board* and there are lead officers for both adult social care and children's social care who sit on the current *Transformation Group* and on the *Clinical Cabinet*. There is also social care input into the workstreams.

Our initial response to the governance recommendations from the JHOSC is set out below:

<p>1. <i>To adopt the 'Principles to guide NCL's approach to the STP' outlined in page 2 of this report.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>2. <i>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.</i></p> <p>3. <i>To provide full details of anticipated governance arrangements so soon as possible for public consultation.</i></p> <p>4. <i>Develop governance arrangements that allow organisations to make collective decisions and share accountability, and that allow for scrutiny and assurance.</i></p> <p>5. <i>Include staff representation on the STP Oversight group.</i></p> <p>6. <i>Ensure accountability is maintained at both sub-regional and local level, and that accountability is clear.</i></p> <p><i>Transformation Board response:</i> The new governance arrangements that are being developed will set out how this will be achieved. We expect to be able to put new arrangements in place by the end of March 2017.</p>
<p>7. <i>Work with ASC professionals so that they consider that they are appropriately represented on the Transformation Board and STP work streams.</i></p> <p><i>Transformation Board response:</i> Adult social care is well represented throughout the STP as described above. However we are currently working to review whether the focus on social care within the STP could be strengthened.</p>
<p>8. <i>Consider establishing an NCL Health & Wellbeing Board building on good practice across the five boroughs and align the STP with Health & Wellbeing strategies</i></p> <p><i>Transformation Board response:</i> This recommendation should be considered by the Health & Wellbeing Boards.</p>

Finance

We recognise that further work is necessary on the financial elements of the draft STP. The draft STP submitted in October did not achieve financial balance and lacks detail in relation to social care. The

draft STP does include significant investment in out of hospital services, but that investment is indicative to date.

Our initial response to the finance recommendations from the JHOSC are set out below:

1. *Recognise that major investment in adult social care, community services, third sector organisations and in prevention is needed to deliver the plans.*
2. *Recognise that as services are transferred from acute to the community so must the funding.*
3. *Provide clarity on where the level of investment required will come from.*
4. *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.*
5. *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.*
6. *Provide detail of intended investment in the voluntary and community sector to support delivery of the plan locally.*
7. *Provide detail on how resources will be shared and what financial management processes are being developed.*

Transformation Board response:

Agreed. The draft STP includes indicative investment in community based services and public health interventions, but the financial and workforce implications will need to be worked through as we develop the plans in more detail.

8. *Increase the focus on mental health, homelessness, prevention and the development of integrated community services and to support residents closer to home.*

Transformation Board response:

These areas are a major focus of the current draft plan, although further consideration may be needed on homelessness. The more detailed plans as they are developed will demonstrate how these issues are being addressed.

Digital Services

We believe the digital technology offers opportunities to both improve the quality of care and to drive improved productivity. We therefore see the digital workstream as one of our key enabling areas of work.

Our initial response to the digital services recommendations from the JHOSC are set out below:

1. *Provide further information about how the digital transformation will be paid for.*

Transformation Board response:

The draft STP sets out the scale of capital investment required to deliver our ambitions. Speed of implementation will depend on the availability of capital funding which has not yet been confirmed.

2. *Explore options to integrate the Accessible Information standard across all systems.*

Transformation Board response:

We aim to utilise opportunities for real-time, fully interoperable information exchanges to provide new, flexible and responsive digital services that deliver integrated, proactive care that improves outcomes for local people.

3. *Provide further detail about key planning assumptions and risks around delivery and integration of the digital transformation across all provides.*

4. *Provide further detail on the approaches that will embed technology to support people to remain independent for longer.*

Transformation Board response:

More detailed plans will be developed over the coming months.

5. *Learn from elsewhere, including from abroad.*

Transformation Board response:

Agreed.

Adult Social Care (integrated working)

We recognise the challenges we face in relation to social care funding and we support the development of more integrated working between health and social care.

Our initial response to the adult social care recommendations from the JHOSC is set out below:

1. *Work with ASC professionals so that they consider they are appropriately represented on the Transformation Board.*

Transformation Board response:

Adult social care is well represented throughout the STP as described in the governance section above. However we are currently working to review how the focus on social care within the STP could be strengthened.

2. *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.*

Transformation Board response:

Agreed. This is a key element of the care closer to home workstream.

3. *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.*

Transformation Board response:

Agreed. As the details of the plan are further developed we will produce plain English versions of the plans.

4. *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.*

Transformation Board response:

To be considered as part of the care closer to home workstream and the work in the NCL of our early adopter programme for the national Better Births which will be our maternity workstream in the STP.

5. *Consider and promote non-profit model options for home care as a sustainable model for fair care wages.*

Transformation Board response:

We will consider the recommendation as we move forward to developing the STP, particularly around the development of CHINs and the UEC stream

Outcomes including better public and mental health

The draft STP puts an emphasis on increasing our efforts on prevention and early intervention to improve the health and wellbeing outcomes for our whole population.

Our initial response to the outcomes recommendations from the JHOSC is set out below:

1. *Ensure NCL is the best place for health and wellbeing where: 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.*

Transformation Board response:

Agreed. This is in line with the vision set out in the draft STP

2. *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.*

Transformation Board response:

The draft STP sets out our ambition to reduce demand on acute services. There are no plans to 'cut' acute services and any capacity reduction would be linked to reduction in demand. There are currently no plans to consolidate services but we will keep this under review as our detailed plans develop. Any consolidation would be subject to public consultation.

Estates

Our vision is to provide a fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality health and social care services for our local population. Our initial response to the estates recommendations from the JHOSC is set out below:

1. *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.*

Transformation Board response:

Agreed.

2. *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.*

Transformation Board response:

We are working as part of the London devolution programme to pilot devolved powers in relation to the health and care estate.

3. *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.*

Transformation Board response:

This is one of the expectations of the London devolution programme.

4. *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.*

Transformation Board response:

This will be considered as part of the care closer to home workstream.

Workforce

We aim to ensure that NCL becomes the place of choice to train, work and live healthy lives. This includes working together to create and deliver a compelling offer that will attract, develop, retain and sustain a community of people who work in health and care in NCL. Our staff need to move towards a more person-centred approach to care and this will mean developing new skills, training modalities and new roles.

Our initial response to the workforce recommendations from the JHOSC:

1. Adopt a policy of redeployment rather than redundancies as a result of any STP implementation.

Transformation Board response:

We would always seek to redeploy staff to avoid redundancies wherever possible.

2. 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.

3. Detail how they plan to reduce agency spending.

4. Detail the intended investment in developing skills and qualifications for the part of the workforce who will need to work differently in the future.

Transformation Board response:

The next stage of the workforce workstream will be to develop more detailed plans. We will ensure there is broad stakeholder engagement in the work as it progresses.

Next steps

We are keen to continue to work constructively with the JHOSC as our plans develop.