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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE ON HEALTH

A meeting of the Joint Overview and Scrutiny Committee on Health will be held on **14 December 2016 at Camden Town Hall5.00 pm.**

Stephen Gerrard
Interim Director of Law and Governance

Islington Council nominee is **Councillor Martin Klute**

See Agenda Reports Pack for full details

Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 14 DECEMBER 2016 AT 5.00 PM
COMMITTEE ROOM 1, TOWN HALL, JUDD STREET, LONDON WC1H 9JE

Enquiries to:	**Vinothan Sangarapillai, Committee Services**
E-Mail:	**vinothan.sangarapillai@camden.gov.uk**
Telephone:	**020 7974 4071 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

MEMBERS

Councillor Alison Kelly (LB Camden) (Chair)
Councillor Pippa Connor (LB Haringey) (Vice-Chair)
Councillor Martin Klute (LB Islington) (Vice-Chair)
Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Richard Olszewski (LB Camden)
Councillor Abdul Abdullahi (LB Enfield)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Charles Wright (LB Haringey)
Councillor Jean-Roger Kaseki (LB Islington)

Issued on: Monday, 5th December 2016

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 14 DECEMBER 2016

THERE ARE NO PART II REPORTS

AGENDA

Wards

1. APOLOGIES

2. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

3. ANNOUNCEMENTS

4. NOTIFICATIONS OF ANY ITEMS OF URGENT BUSINESS

5. SUBMISSIONS FROM STAKEHOLDERS REGARDING THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

To consider submissions from stakeholders regarding the North-Central London Sustainability and Transformation Plan (STP).

6. CONSIDERATION OF SCRUTINY RECOMMENDATIONS FOR THE STP

To consider recommendations to make in relation to the STP.

7. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT

8. DATES OF FUTURE MEETINGS

Future meetings will be on:

- Friday, 3rd February 2017 at 10am at Enfield Civic Centre;
- Friday, 24th March 2017 at 10am at Camden Town Hall

AGENDA ENDS

SPECIAL MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 9 DECEMBER 2016 AT 9.30 AM
COUNCIL CHAMBER, CAMDEN TOWN HALL, JUDD STREET, LONDON WC1H 9JE

Enquiries to:	**Vinothan Sangarapillai, Committee Services**
E-Mail:	**vinothan.sangarapillai@camden.gov.uk**
Telephone:	**020 7974 4071 (Text phone prefix 18001)**
Fax No:	**020 7974 5921**

SUPPLEMENTARY AGENDA

Issued on: 8th December 2016

SPECIAL MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 9 DECEMBER 2016

SUPPLEMENTARY AGENDA

5. SUBMISSIONS FROM STAKEHOLDERS REGARDING THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) (Pages 3 - 76)

To consider submissions from stakeholders regarding the Sustainability and Transformation Plan (STP).

AGENDA ENDS

Evidence submitted to the North Central London Joint Health Overview and Scrutiny Committee (November – December 2016) in regards to the NCL Sustainability and Transformation Plan (STP)

Contents:

Evidence Submission 1 (Healthwatch Islington):

Feedback to Joint Health Overview Scrutiny Committee, December 2016

Healthwatch Islington has published a series of reports on resident's experiences of health and care services since April 2013. These reports are available on our web-site. http://www.healthwatchislington.co.uk/resources/reports

In summary, we have raised a number of issues regarding health and care services locally:

- Waiting times for podiatry and how patients are communicated with about these appointments (though I know through the CCG that waiting times for community services across the board are much longer than commissioners commission for),
- Access for non-English speakers needing interpreters (despite the CCG covering interpreting costs for primary care),
- Access for Deaf people needing sign language interpreters within hospitals,
- Health and care professionals not having time/ cultural awareness to enable patients to feel heard,
- (From work specific to BME communities but findings may apply to others) Patients often not aware of/ offered choice when being referred to hospital,
- Socio-economic factors meaning people are less able to make healthy lifestyle choices,
- Support and adjustments made for people with Autism (we've not raised this formally yet but will do),
- Lack of awareness of entitlements and what's available aware (the health and care landscape is overly complex),
- We're hearing some anecdotal feedback that patient transport (non-emergency) could be an issue but we need to scope this further,
- Mental health services are intimidating, this may prevent young adults (this was the age group we looked at) from accessing support in a timely manner – we know our CCG is working on placing mental health care professionals in primary care which sounds positive,
- There is concern about how stretched social services are becoming and how they can then be expected to meet the needs of an ageing population,
- We did some work with BME groups on sexual health services and this highlighted lack of awareness of how disease is transmitted (more an issue for public health and being examined on a London level),
- Health and care providers not being ready to meet the Accessible Information Standard for people with disabilities,

- Concern that plans to deliver more services in pharmacy may be affected by national plans to reduce pharmacy funding.

For more information, please contact: Emma Whitby, Chief Executive
emma.whitby@healthwatchislington.co.uk

Evidence Submission 2 (The Royal College of Midwives):

The Royal College of Midwives

15 Mansfield Street, London, W1G 9NH

The Royal College of Midwives' response to North Central London Joint Health Overview and Scrutiny Committee on the NCL Sustainability and Transformation Plan.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the initiative of JHOSC to scrutinise the North Central London STP and the opportunity to respond to this call for evidence.

Summary

The North Central London STP is an ambitious plan to improve health and wellbeing. It has many laudable aims and we are especially pleased to see the influence of the National Maternity review (*Better Births*) on the North Central London STP. Maternity care has the potential to positively contribute to the STPs four aims of Prevention, Service transformation, Productivity, and Enablers.

However, we have some concerns about the capacity of the midwifery workforce – and others - to go through this transformation programme. We are concerned the STP makes no real attempts to get to grips with positive workplace culture, transparency or the development of safe spaces where clinicians can learn when things go wrong, or right. We would like to see more detail on the training and support NHS staff will receive to work in the new models of care proposed. We would also like the JHOSC to ask STP leaders how they will embed positive working cultures, and ensure that services are appropriately staffed, across health and social care, as they are transformed.

We are concerned that the financial situation of the STP, while being clearly laid out, will hamper these earnest efforts to transform health and social care. We understand the STP will be attempting further work to identify further efficiencies to close their financial gap before the end of 2016, so we would like the JHOSC to probe these efforts.

Lastly we would like to see better ongoing engagement with staff and service users as the STP takes its work forward.

The plans for maternity in the STP

We would like to commend the STP for ensuring "our local maternity system implements the findings of the national Maternity review: *Better Births*." The RCM supports the Review's aims to make maternity care in England safer, more personalised, with greater choice for women and families, and with care delivered closer to home by a skilled and well-supported workforce.[1]

The STP has little detail on the actual plans for implementing the *Better Births* Review recommendations. The funding, we can only assume, is part of the 'Care Closer to Home and Five Year Forward View' investment of £111m. Other London STPs have given direct funding allocations to *Better Birth* initiatives and we would like to see NCL do this too.

We hope NCL will pick up the work of the London Maternity Strategic Clinical Network that has created a toolkit[2] to help services implement continuity of midwifery care, one of the key recommendations of the *Better Births* report. This approach to women's care is proven to reduce pre-term births, miscarriage and stillbirth.[3] In a 2015 CQC survey of maternity users,[4] women who had continuity of midwife-led care were more likely to have more positive maternity experiences than women who didn't. We think this approach midwifery workforce design – which has clear clinical benefits – must be high on the STP agenda.

We are heartened to see the STP take on the challenge of creating 'Care Closer to Home Integrated Networks' (CHINs) which would be "a more integrated and holistic, person-centred community model, including health and social care integrated multi-disciplinary teams (MDTs), care planning and care coordination for identified patients." The *Better Births* recommendations include the creation of Maternity Hubs with the same ethos – sites within the community where by women and families access many services, enabling her to get the co-ordinated care she needs, across professional disciplines, in her local community. They could include antenatal care, nutrition and fitness, infant feeding, mental health, smoking cessation, GP, children's services. We hope the STP will develop the idea of CHINs to encompass Maternity Hubs. We think this would further strengthen the STPs ambition to "link primary care, public health and maternity services to optimise maternal health before, during and after pregnancy." As well as laudable aims to reduce maternal smoking and diabetes, we would like to see specific goals to support attachment during pregnancy and birth by promoting a healthy relationship with mother and the unborn baby during pregnancy, through to "skin-to-skin contact" at birth and supporting breastfeeding. This would directly contribute to the

[1] The National Maternity Review. *Better Births*. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
[2] http://www.londonscn.nhs.uk/wp-content/uploads/2014/11/mat-coc-toolkit-042015.pdf
[3] Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2015) 'Midwife-led continuity models versus other models of care for childbearing women'. Cochrane Database of Systematic Reviews Issue 9. Art. No.: CD004667. http://onlinelibrary.wiley.com/store/10.1002/14651858.CD004667.pub5/asset/CD004667.pdf?v=1&t=insmu9hc&s=833e1d2c5a4daea822057c3b0f5d51bd25a448c7
[4] Care Quality Commission (2015). 2015 survey of women's experiences of maternity care: Statistical Release. http://www.cqc.org.uk/sites/default/files/20151215b_mat15_statistical_release.pdf

ongoing nutritional wellbeing of infants,[5] provide a protective factor against breast cancer in women,[6] and would contribute to stronger attachment between parents and babies, improving educational attainment and mental health.[7]

We applaud the objective to provide healthcare "closer to home for all, ensuring that people receive care in the best possible setting at a local level and with local accountability." This matches the ambitions within *Better Births* to provide meaningful choices for women over all aspects of their maternity care, not just place of birth. Too few women are birthing in the locations they want, and though London mothers have better access to midwifery-led units and home births than some other parts of the country, access to meaningful choice is patchy. We hope the STP ambition – "our health and care closer to home model will focus on scaling these services up, reducing variation and making this the default approach to care" – will extend to maternity care. In particular, the STP lists outcomes that the care closer to home model will achieve, and we would like to see positive maternity outcomes like choice added to this list.

We also support the ambition to "improve perinatal mental health services by developing a specialist community perinatal mental health team that serves the NCL population and the physical health acute trusts within NCL." We cannot stress enough the importance of maternal mental health on the safety and wellbeing of all mothers and babies.

Workforce

The RCM believes maternity services can be transformed to contribute to the STPs key aims of Prevention, Service transformation, Productivity, and Enablers. However, this is dependent on the number of midwives in the service and the culture they work in. The RCM is concerned that at a time when we estimate that there is a 3,500 shortage of midwives in England, we are seeing the birthrate increasing, midwifery services are caring for a greater proportion of women with complex medical and social needs and significant numbers of midwives are either leaving the profession or approaching retirement age. It is therefore imperative that a proper assessment of workforce capacity is undertaken within the NCL footprint and that there is commitment to recruit sufficient midwives and maternity support workers (MSWs) to realise the ambitions set out in the STP. The RCM therefore welcomes the intention in the STP to "undertake expert strategic workforce planning and redesign, and commission training for skill enhancement, role diversification and new role implementation". The RCM has recently published two guidance papers that are intended to help Heads of Midwifery and NHS managers to apply rigorous procedures for workforce planning, skill

[5] Breastfed babies are less likely to have infections or become obese and develop type 2 diabetes and other illnesses when they are older. RCM (2014). *High quality Midwifery care*. https://www.rcm.org.uk/sites/default/files/High%20Quality%20Midwifery%20Care%20Final_2.pdf

[6] http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/risks/breast-cancer-protective-factors#feeding

[7] A secure attachment between mother and baby will provide a good foundation for physical health, emotional security and relationships in later life. The cost of failing to deal adequately with perinatal mental health and child maltreatment has been estimated at £23billion each year. All Party Parliamentary Group for Conception to Age 2 – The First 1001 Days, House Of Commons (Feb 2015). "Building Great Britons". http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf

mix and role design and deployment in order to deliver safe and high quality services[8]. We would encourage use of both publications when undertaking workforce planning and skill mix reviews for the maternity workforce within the NCL footprint.

Public Health

Midwives are crucial members of the public health workforce, well placed to help every child make the best start in life. Their health promotion and disease prevention work improves maternity outcomes and long-term health gains by addressing individual and social health determinants and their social and behavioural origins. [9]

'Core' midwives working in the NHS will give women and families public health advice throughout the antenatal period and postnatally. Some London NHS trusts have specialist midwives, who almost entirely specialise in public health, caring for women with substance abuse problems, obesity issues or teenage pregnancy for example. Since the transfer of public health to Local Authorities (LAs), we have seen a small number of specialist midwife posts within local government. We believe public health activity in relation to women and families may benefit from joined-up working in LAs and the core NHS workforce and would like the STP to explore this.

However, the main finding from our own recent public health research was that while midwives and midwifery support workers have high levels of involvement in the public health agenda across a wide range of activities, they frequently lack the time, training and resources to meet the demands of this aspect of their role. This deficit particularly impacts on their ability to provide the quality of public health advice and support that they would like to offer, and which would be of particular benefit to specific user groups, such as vulnerable and 'at-risk' families. There is also variance in midwives' understanding of their role within public health provision and how the role of MSWs can be best utilised. [10]

Time constraints on booking appointments and post natal visits has a negative impact on the health and wellbeing of women and their families. No time to support a women with breastfeeding, or to have a meaningful chat about diet or smoking; disjointed pathways to refer women to an underfunded specialist treatment – these all need to be understood as missed opportunities in public health, not just as failures of clinical maternity care. Making every contact count is a challenge but can be overcome if contacts are long enough and if a woman sees the same midwife for the majority of her antenatal and postnatal care.[11] We hope the STP will look carefully at the day-to-day pressures on the midwifery service and reconcile this with the ambition to Make Every Contact Count (MECC).

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[8] RCM (2016) *Getting the midwifery workforce right* and RCM (2016) *Guidance on implementing the NICE safe staffing guideline on midwifery staffing in maternity settings* https://www.rcm.org.uk/

[9] RCM (2014). *High quality Midwifery care*. https://www.rcm.org.uk/sites/default/files/High%20Quality%20Midwifery%20Care%20Final_2.pdf

[10] Billie Hunter et.al, (2015). *Exploring the Public Health Role of Midwives and Maternity Support Workers: Final Report Service users focus group report*. School of healthcare Sciences, Cardiff University. Commissioned by RCM.

[11] RCM (2014). *High quality Midwifery care*. https://www.rcm.org.uk/sites/default/files/High%20Quality%20Midwifery%20Care%20Final_2.pdf

Productivity

We have some concerns regarding the STP's aims in respect of generating productivity gains. We do think the plan to share bank staff across providers is a sensible move, and hope that the current rules allowing midwives and other NHS staff to refuse shifts that do not suit them continues. Being able to work bank flexibly is key to helping staff wellbeing and reducing agency spend. In regards to the commitment to comply with the maximum total agency spend set by NHS Improvement, we think this is a case of hitting the target but missing the point.

We believe that the best way of improving productivity is by utilising the existing workforce. This does not mean continuously relying on the goodwill of staff but rather eliminating staff shortages and incentivising existing staff to work bank or overtime. These are the only safe, sustainable and effective ways to reduce agency spending. RCM research has found that overwhelmingly, the trusts that use midwifery agency staff are in the London region, with 73.7% of trusts in London using agency midwives. The overall spending in England on agency midwives increased from £10,159,099 in 2012 to £17,849,767 in 2014; an increase of 75.7%. NHS trusts in England pay almost fifty pounds per hour for agency midwives when the normal rate of pay for a Band 6 midwife with ten years experience is £17.84 an hour.

The research found many midwives who chose to work for an agency did so because they were denied the right to work part-time or flexibly. We have a ridiculous situation when midwives leave an organisation because they can't work flexibly and then are employed by the same trust as an agency midwife. This results in the trust paying 2.7 times more for that midwife, and over half of that goes to the agency. This is madness in the current climate of staff shortages and provider deficits. If the NCL STP wants to achieve financial stability, tackling agency spending must be a priority.

Staff wellbeing

The RCM strongly believe that in addition to ensure that the right number of staff are employed, it is important to ensure that staff feel valued and that there is a positive working and learning culture embedded within maternity units. In this respect, the National Maternity Review is clear in its vision for maternity services in England: "For all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries."[12]

We are therefore in complete agreement with the aim of the STP to "ensure that NCL becomes the place of choice to train, work and live healthy lives. This includes co-creating, communicating and collaboratively delivering a compelling offer to attract, develop retain and sustain a community of people who work in health and care in NCL." We especially welcome the commitment to look after the wellbeing of staff whilst also preparing them to begin delivering the new care models.

[12] The National Maternity Review. *Better Births*. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

This year, the RCM has launched the Caring for You Campaign[13] which aims to improve RCM members' health, safety and wellbeing at work so they are able to provide high quality maternity care for women and their families. We have launched this campaign because maternity units are overworked and understaffed and many midwives and maternity support workers are feeling under intense pressure to be able to meet the demands of the service.

Supportive and open workplaces benefit both staff and service users. The strong relationship between levels of staff wellbeing and clinical outcomes is well known. Research shows that when staff wellbeing is supported, employee involvement increases, motivation and performance levels increase and outcomes for women improve. Investment in staff is an investment in care for women and their families.

We would urge the STP to encourage all maternity providers in the NCL footprint to sign the RCM Caring for You Charter which will help achieve the wider STP goal of increasing staff wellbeing. We also think that the STP can not be complacent and believe "promoting self-care and prevention, and the enhancement of emotional resilience in [staff] themselves, their teams and their patients" is the answer to serious problems of bullying, staff sickness and a blame culture in the NHS.[14] We would like the JHOSC to interrogate this statement. The Secretary of State for Health has launched a suite of measures to improve maternal and neonatal safety, but key to this ambition is a culture where staff are supported to learn from mistakes, where leaders are open and honest, and where people can speak up when things go wrong. The STP makes little mention of these crucial aspects of healthcare culture and we hope to see this change as work progresses.

STP funding

The STP is clear that they will not have enough money to meet the health and care needs of the NCL population by 2020/21. Projected efficiency savings will only close 90% of that gap.

The savings identified in the STP are "predicated strongly upon reducing significant activity in acute hospitals, in particular reducing demand for inpatient care. We know that realising such savings can be difficult in practice and are contingent upon removing or re-purposing capacity within acute hospitals." We agree that this is a challenging ambition and would refer the JHOSC to research by the King's Fund on acute hospital reconfiguration[15] is clear that for the most part, reconfigurations do not save money, and many do not even come to fruition. We admire the confidence in the STP – 'Our population deserves this, and we are confident that we can deliver it' - but we would like the STP leaders to be challenged on the realism of their expected efficiency savings.

Engagement

We support the creation of an STP Oversight Group but would like to add staff side representation. Only placing political leaders and chairs on this group will not adequately "address the current 'democratic deficit'" nor will "representation of views of the local population." We support the plans

[13] https://www.rcm.org.uk/caring-for-you-campaign
[14] Robert Francis. *Freedom to Speak Up review*.
[15] https://www.kingsfund.org.uk/publications/reconfiguration-clinical-services

to engage with all the staff working in the NCL footprint and look forward to collaboratively shaping the STP plan.

The Royal College of Midwives

December 2016

Evidence Submission 3 (Healthwatch Haringey):

We would like to submit evidence on behalf of Haringey Healthwatch which takes the form of a Statement on the Principles of Engagement from all five Healthwatch in NCL . We would commend this Statement to the Scrutiny Committee and ask that the Committee considers supporting these Principles in relation to future engagement on the STP in north Central London.

healthwatch
Camden Barnet Enfield Haringey Islington

North Central London (NCL) Healthwatch Boards' statement on principles of engagement with Sustainability and Transformation Plan and Board

As local Healthwatch we champion a transparent dialogue around decision-making within health and social care in our local areas. We know services will be changing. We therefore urge STP leaders to ensure meaningful consultation and engagement, with information on how due regard is being given to the Public Sector Equality Duty, is embedded within the planning process so that residents can give an informed opinion.

Clarity of the STP Governance arrangements

- As services are being redesigned around service users there needs to be clarity around any new governance arrangements so service users and members of the public know where decisions are made and how and when decisions can be influenced.
- The governance arrangements must align with the principles of the NHS Constitution and in particular that "patients should be at the heart of everything the NHS does" and "the NHS is accountable to the public, communities and patients that it services".

Impact of the STP on service users

- The STP is such a wide ranging document there is a danger that unless our comments are focussed on specific issues of significance to service users our impact will be diluted.
- In light of the above we should focus on the impact of the STP proposals on reducing the health inequality gap. This will capture issues relating to early intervention, prevention, community assets and wider determinants of health.

Parameters for engagement should be clear

- Engagement questions should focus on areas that can be influenced. If there is no opportunity for influence this should be clearly stated.

- We urge partners to follow the 'ladder of involvement' and to be clear whether they aim is to 'inform' the local community, to 'engage' with them in open discussions and to 'co-design/ co-produce' services with them.

Engagement should be inclusive

- Information should set out clearly what the impact of changes will be and should be clearly and succinctly communicated in Plain English (and made available in other formats as requested, for example through the use of interpreters or Easy Read material),
- Events and meetings should be held in accessible locations (accessible to people with disabilities and easily reached on public transport, with adaptations made for attendees' communication needs) and at various times to allow for maximum attendance,
- Outputs from meetings held in public should be in the public domain (this includes revisions to the Sustainability and Transformation Plan that follow on from that meeting),
- Each engagement activity should plan for the engagement of people from a range of backgrounds, levels of knowledge about the system and from across the nine protected characteristics as set out in the Equality Act 2010. **Particular attention should be paid to bringing in the views of those disadvantaged by health inequalities.**

Influence of engagement activity should be demonstrable

- The Sustainability and Transformation Board needs to have a clear mechanism for ensuring that views and ideas captured from engagement activity are raised and responded to at Board level.
- The Board should be clear where engagement activity has influenced it's planning and where it has not been able to respond to suggestions and ideas raised it should be transparent about why not.

Sharon Grant OBE
Chair
Healthwatch Haringey

SIGNED ON BEHALF OF NCL HEALTHWATCH CHAIRS

Evidence Submission 4 (NCL STP Transformation Board):

Feedback Summary from Initial STP Public Meetings

As part of our commitment to engage with the public on the development of the STP, the NCL STP Communications and Engagement Lead organised five public meetings in September– one of each of the five boroughs within the footprint. These were the first in a programme of engagement that we are committed to undertaking as we continue to develop the plan and move into implementation.

The meetings were led by clinicians and CCG leaders and were attended by 30-40 members of the public.

Attendees were given a presentation on the plan to date after which we broke into table discussions and then took Q&As. All discussions and feedback have been logged and shared with local authority, CCG and provider comms teams.

Below is at top line overview of the main public issues/concerns that were expressed across the five boroughs.

What are your concerns about the NCL STP?

Funding and workforce insufficient to enable plan

- Lack of funding in Primary Care
- Staffing levels: Doctors retiring early, abolition of bursaries for nurses mean a diminishing workforce within the NHS
- Cuts to local authorities to resource prevention and social care
- If we are making cuts we should be honest about it

Need to make it work

- Should see this as an opportunity to do things we should have done a long time ago
- Need to stop people becoming patients through preventative work and education
- Should acknowledge that we don't always provide value for money for the income we receive
- Through budget cuts we do sometimes get some better things as a result
- Poorest areas need to benefit most

Keeping people on side and engaging properly

- Why is the plan being submitted to NHS England without public engagement?
- Need to share plans for reduction in services if planned
- Lack of democracy in the STP process so far. A lot of ground to make up.
- Speed of STP is challenging – too quick to have any meaningful engagement.
- A really thorough public consultation is needed once the draft plan is published
- Everyone working in the NHS and including the voluntary sector needs to be allowed the opportunity to give their view on it
- Problem around big institutions like the providers seeing themselves as 'local' specifically acute and specialist providers eg UCLH. They serve an area far wider

than NCL, and while some of their interests may be congruent with the STP, it seems from our perspective that some of their priorities are much more focused on the national (or international, in the case of their research interests) than the local.

- You can never say there is a finish point on this project. Continual co-design needed with people
- Cannot be high level and abstract – needs to be in language that people can understand
- Need more links with local education authorities on key issues like obesity. Need more advertising of health services in schools.
- Fear that more private companies will come into the NHS and it will become about profit motives
- Clarity needed on public-private partnerships
-

What do you want to see from Health and Social Care Services in the future?

- Prioritise mental health. This needs to be included as a key stream
- Much more prevention work is needed in mental health – e.g. Minding the Gap and ensuring better accessibility for certain groups in the community
- Needs to be proper and real intervention with specialist commissioning
- Need to focus on the outcomes – what has worked so far. That starts a non-defensive discussion and then you design the new system around that. Takes time to build trust and relationships. You often need to give something up in order to get something different back
- Better services and provision for deaf members of the community
- Desire to see more emphasis on the potential of the wider primary care team (especially community pharmacy) and also the VCS to play a key role in prevention, self-care and promoting independence and resilience.
- New IT and digital technology solutions were also highlighted as a crucial enabler of integration, better communication and delivering services in new ways that patients and residents would welcome.

Do you think the vision and principles are the right ones?

- STP has a good vision – the challenge is putting it into practice
- Need to look at where money is badly spent – where we are not getting good returns
- Yes, but the rapid fusion of five boroughs and organisations at this pace is too challenging – can the timeline be slowed down?

If not, what's missing?

- How will other community services – pharmacists, optometrists, dentists – be involved?
- More help for carers – often carers are elderly and need more support
- More preventative health work – old people are not a burden, many of them are very healthy and can remain so with a small amount of support
- Honest discussion about GP numbers as there are not enough and retaining them in London is difficult

- Not just honesty about cuts but a more general desire for more specificity and detail re what changes are being proposed, and what the future model of care and service landscape will look and feel like from a resident and patient perspective
- How do the New Models of Care inform STP plans?

Other Issues Raised

- Need to undertake a SWOT analysis of all services and changes needs to be Equality Impact Assessed in relation to the 9 characteristics
- Need to focus on work streams and not just the overall STP plan - as work streams (e.g. Self Care and A&E) would mean more to local people etc
- Need to target patient groups that will be affected by future service changes when appropriate (e.g. diabetes patients, cystic fibrosis etc)
- Need to not forget about the private and voluntary sectors in the STP
- This is an unnecessary exercise – why do we need to cut? GDP in Britain on health care is lower than other European countries – why are we racing to the bottom?
- Camden specific: People are concerned that the quality of services in Camden will be negatively affected by delivery of the STP – services in Camden regarded as higher than other NCL boroughs. “We have the best services in the country”.
- North Central London (NCL) is an enforced geography – it does not exist as a community - Flexibility and freedom to act autonomously across borders
- Population of London is increasing – how will STP help?

Evidence Submission 5 (Haringey Borough Council):

North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC)
Call for Evidence in respect of the NCL Sustainability and Transformation Plan (STP)

Summary:

Haringey Borough Council is providing written evidence to the Joint Health Overview and Scrutiny Committee with regards to NCL Sustainability and Transformation Plan (STP) and Adult Social Care, one of the eight key themes of the NCL STP.

It is important that the STP has a strong narrative throughout the submission recognising the pivotal role of Adult Social Care within the health economy. Pressures on the health system arising from non-elective admissions to hospital and delayed transfers from hospital back to the community can be reduced by a strong adult care community offer for vulnerable people who may be older and frail, or have physical disabilities, sensory impairments, learning difficulties, and mental health, or drug and alcohol problems. The support and expertise provided by Adult Social care that supports this includes; Commissioned services, such as home care, residential/nursing care, step down beds and information, advice and guidance services; Housing Related Support services such as floating support (out reaching to vulnerable people), housing with care/extra care housing and community alarm/assistive technology services; and Provider Services, such as social work and occupational therapy assessment and care management expertise and reablement support both within community and hospital settings. Furthermore, if the work of the STP does not build in to all appropriate workstreams and pathways the concept of encouraging patients to look after their own health, and returning them to independence as quickly as possible, poorer outcomes will be achieved alongside greater cost pressures across the whole system. .

It is also essential to reflect the critical challenges faced in providing adult social care, given the impact of funding reductions, including the funding gap on local adult social care services, and increasing demand on the whole health and care system both locally and nationally**.** In addition challenges around the instability in the workforce in terms of recruitment and retention, market sustainability for areas such as the home care and care/nursing home sector, and the pressures presented by the National and London living wage, all require particular attention from an adult social care perspective. Clearly delivering adult social care is the responsibility of local authorities. However, the health and care systems are so closely linked that addressing the challenges and proposing changes in one part of the system without considering the other risks severely limiting the progress that can be made.

For example a major cause of early death across Haringey is CVD, which is a major cause of admission to hospital and residential or high cost care and poor outcomes for residents. This demonstrates the point that a strong focus on prevention based on the fact that undiagnosed hypertension, smoking and alcohol are all major contributors to CVD and that effectively reducing

rates of CVD is god for residents , for social care and for health can be tackled effectively through LA's health providers and other partners.

There is therefore need for a more stronger recognition of integration through for example focus on a more integrated workforce and for pathways that promote independence and that keep people in the community.

The following provides evidence for the committee to consider outlining some of the key challenges that Haringey Adult Social Care are facing in more detail, that compromise the ability to deliver system impact for which NCL STP could more strongly address.

It also outlines some of the opportunities that Haringey are pursuing with partners locally and across borough that could provide the foundation for the sustainability and transformation of both the health and adult social care economy, but again are less reflective in the current STP narrative.

1.0 Challenges:

1.1 The cost of growing demand pressures on adult social care services and wider system

An increasing and ageing demographic base is causing significant demand pressures on Haringey's adult social care services. By 2021 Haringey's population is expected to rise to 289,700, up 10% from today. The 50+ population is expected to show the biggest increase out of all age groups, rising from 60,870 now to 72,820 by 2021.

In 2015/16, it was estimated that 5.6% (3,492) of Haringey's 50+ populations are adult social care clients. The top 3 primary presenting reasons for adults approaching adult social care for help are physical support (69%), support with memory and cognition (12%) and learning disability support (7%).

Haringey's total expenditure on adult services and public health for 2016/17 is £80.5mn a year. Taking up the largest share of this budget is spending on residential and nursing care placements, which in 2015 was around £27mn. The median yearly cost per person for residential care in 2015 was £19,903 and nursing care is £13,541.

These growing demand pressures are also placing significant knock on costs and resource strains on acute health services through non-elective admissions to hospital.

1.2 The 2015 spending review and local government finance settlement

Adult social care accounts for around 30% of all that Haringey Council currently spends. Between 2010 and 2018 the Government have cut Haringey Council's funding in real terms by 40 per cent (£190mn). The local government finance settlement confirmed that constraints on local authority funding would continue. Haringey Council's budget for 2016/17 was supported with 4% less external finance (e.g. Government grants) than in 2015/16.

Haringey Council's Medium Term Financial Strategy aims to deliver £70m of savings from 2015/16 levels across all service areas through to the end of 2018/19.

Adult care services in Haringey have savings targets of £24m by 2018/19. A transformation programme in adult services has led to savings with most of the measures on track for delivery. However the rate of finding savings cannot keep pace with the expected demand pressures from demographic change that Haringey faces in the short to medium term. Even after all of the £24m savings measures, Haringey's funding gap for adult services is still expected to be around £22m in 2018/19.

1.3 The introduction of the 2% council tax precept

Because of the demand pressures within adult social care, Haringey chose to apply the 2% precept in the Council Tax for 2016/17, which is projected to generate £1.7m. The average Haringey family will pay an additional 46 pence per week on top of their average council tax bill.

100% of the Precept has been applied to cover current adult social care pressures. £1.2m (70.18%) has been offset against pressures from clients with learning difficulty needs, and £510,000 (29.82%) against clients with physical support need. The number of clients with open care packages in April 2016 was 5% higher than the previous year, with the costs having also increased by 6%.

The precept only addressed around one-third of the cost of net demand increase experienced in 2016, and will not be enough to bridge the huge gap we face in funding for adult social care. There needs to be other options developed to fund adult social care services beyond the introduction of the precept, avoiding the disproportionate impact on lower income households that putting the onus on increasing council tax in the long-run would cause.

1.4 Impact of funding on the market

The Care Act 2014 outlines that local authorities have a clear role in 'market management' as part of the commissioning of adult services from both private and voluntary sector providers.

Yet the ability of local authorities to secure the right supply and assess standards of quality could be undermined if funding continues to falls short, demand pressure grows and the impact of the National and London Living wage take effect.

As an example the Care Quality Commission's recent inspection report into practices at Sevacare, a home care provider that was operating in Haringey among other London boroughs, highlights the risks of market failure. The provider fell well-below the high standards we expect in Haringey and following the investigation we have ended our relationship with Sevacare and advised all clients not to use them.

We also know that significant funding pressures are also being felt by voluntary sector groups that support vulnerable adults in the borough. One recent example was Age Uk's difficult decision to close its Haringey's branch in April 2016, a very sad development after the group had been established for 25 years in the borough.

1.5 Workforce Recruitment and Retention

The ability to recruit and retain high calibre, well training operational staff, such as Occupational Therapists and Social Workers for Adults Social care remains a substantial issue and one that has impact for the whole system. This is not unique to Haringey or Social Care, however the current STP narrative and developments have not had a strong input from Local Authorities and appear vague around how these issue will be addressed for Adult Social Care.

2.0 Opportunities

There is an strong emphasis in the NCL STP about the pressures in the acute system and the opportunities to address this, however the narrative about the importance of the community offer is less strongly articulated and the importance of securing and building on developments and ambitions at borough, bi-borough, up to NCL level less obvious – i.e. building up and on, rather than top down. Therefore the following outlines some of the opportunities that Haringey is developing both locally and with partners that would provide strong foundations for sustainability and transformation in NCL.

2.1 Strategically rethinking the delivery of services

With the need to make significant savings and demographic demand pressures, the Council recognises the need to think differently about how the adult care and health system operates going forward.

Therefore a new integrated target operating model (developed with the council and Haringey CCG) aims to create a system that does more to promote and support individual independence, dignity and choice, and at the same time is financially sustainable in the long-run. The model seeks to shift the focus from delivering care in institutional settings, towards enabling people to access the support and care they need earlier, at home or within community settings, reducing the demand for more costly complex services. The overriding focus is providing the right support at the right time, preventing needs escalating and reducing future demand on care services. This shared vision and approach helps to identify opportunities to work jointly or integrate in areas that will have most impact both in terms of improved outcomes and efficiencies.

2.2 Increasing capacity to provide reablement, intermediate care services and the use of technology

The development of a strong Reablement service that can triage from both the community and hospital setting is focusing effort on reducing the risk of non-elective admissions, readmission, DToC and long term social care provision is central to our new ways of working in Haringey with all partners. This important role helps to support both the health and adult social care system and provides a focus for our Promoting Independence approach to development and delivery.

As part of this promoting independence, earlier help offer we are also developing approaches that will embed Technology to support people to remain independent for longer. This is looking at the use of existing and emerging technologies at all stages of the care pathway, from early prevention to supporting complex needs. Examples may include Healthy Lifestyle ‘Apps’, Community Alarms (protecting people at risk of falling), Assistive Technology (automated medication dispensers), Self

Care/Self Management tools (blood pressure monitoring) and Tele-Health & Care (remote monitoring of health conditions).

2.3 Increase the availability and flexibility of day opportunities within the borough

Day services provide both respite for carers and opportunities for vulnerable adults to be active and healthy and socialise during the day.

A key approach going forward will be social prescribing. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

We are also introducing 'care navigators' who will help users and carers to understand what options for support are available in the community.

2.4 Leveraging the opportunities of major regeneration and development

One avenue Haringey is keen to explore further is how to strategically leverage major regeneration and development schemes to support local health and care supply needs.

For example, strategically integrated into our regeneration plans for Tottenham is a multi-million pound development partnership between Haringey Council and Season to develop two new Supported Living Accommodation facilities (Lorenco and Protheroe House) opening this summer.

When completed Lorenco House will provide 44 one bed and eight two bed apartments, alongside award-winning care and support provided by a specialist on-site team .The facility will also boast first class facilities including a medical and wellbeing centre, landscaped gardens, guest bedrooms for visitors and a dining area. Eight of the rooms are specially designed to provide high quality care for people with dementia. Nearby Protheroe House will deliver a further 50 senior living homes. The supported living accommodation will be put on the market at affordable rent levels and the design standards mean each flat should cost an average of £5 per week to run for residents.

2.5 Partnership working with Haringey Clinical Commissioning Group

The Integrated Care Programme across the CCG and Council, supported by the Better Care Fund, directs services towards early intervention and integration to ensure people have healthy long and fulfilling lives and prevent the need for more complex costly services such as avoidable hospital admissions and long term residential care placements .

The 2016/17 priorities for using Haringey's Better Care Fund are as follows:

1. Case management for people with complex needs, and further development of the Locality Team model
2. Focus on the health and care outcomes in residential care homes
3. Intermediate Care Pathway development
4. Helping isolated people make connections and access to support in the community though social prescribing
5. Integrated digital care record
6. Intergrated workforce development

7. To develop a broader health and social care 'Target Operating Model to ensure Healthy, Long and Fulfilling Lives' in Haringey.

2.6 The Haringey & Islington Wellbeing Partnership

This partnership has been established to accelerate the transformation of health and care system across Haringey and Islington. Taking a whole population health approach, with an emphasis on prevention and early help, it seeks to support residents to achieve healthier, happier and longer lives, and to deliver value and financial sustainability, both supporting and being supported and reflected by the wider NCL STP.

As Haringey and Islington are part of the North Central London footprint Chief Officers/Executives of the Wellbeing Programme are all actively engaged in and, in some instances, leading key areas of work in the NCL STP. There will be some areas of transformation and change where there are clear benefits from working collaboratively across the wider NCL footprint and some where it makes sense to drive developments across a smaller footprint. However the critical question posed by the Wellbeing Partnership is always how will the proposed plans benefit local residents and the sustainability of the health and care system. However, the reflection of this work within the current STP is less clear.

The current Wellbeing partner organisations are:

- Haringey Council, Islington Council
- Whittington Health, Camden & Islington NHS Foundation Trust,
- Barnet, Enfield & Haringey Mental Health NHS Trust (New partner as from June 2016)
- Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group
- UCL Partners
- Haringey GP Federation, Islington GP Federation (new joiners August 2016)

The Wellbeing Partnership has agreed and is developing business plans for the following population wellbeing, care pathways and organisational forms across the two neighbouring boroughs:

- An Accountable Care Partnership model across Haringey & Islington
- A model of care that supports independence in frail older people with health and social care needs
- A new model of care for people with learning disabilities
- A re-designed musculoskeletal care pathway
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.
- Mental Health: Recovery and Enablement
- Children's Services

The partnership will also be looking at the potential for cross-borough collaboration on commissioning practices, workforce development, ICT and estates management.

Evidence Submission 6 (Alzheimer's Society):

We have a vision for integrated dementia care and support as detailed in the integration brochure (attached). If local health and social care services meet the needs of people with dementia, then they would be meeting the needs of most. This would naturally need to be considered within the context of the NCL area.

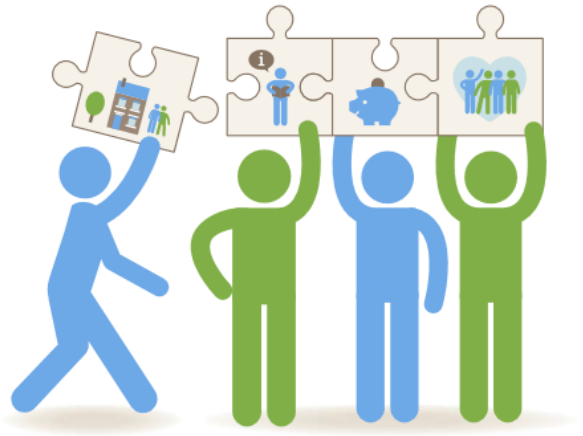
In terms of the savings that could be made through the implementation of our core vision of a dedicated support worker, please see the attached New Economics Foundation Report.

Leading the fight against dementia

Alzheimer's Society

Delivering integrated dementia care and support

Working together for change



Working together to integrate dementia care

The integration of health and social care presents a unique opportunity to transform the experience of care for people with dementia. Currently, the web of care people have to navigate through can be confusing and complicated. As a result, there are unnecessary A&E admissions, longer hospital stays and premature admission to care homes.

We can and must do better.

By working together through integrated care and support, we can improve outcomes for people with dementia – at the same time ensuring services are cost effective and public money is better spent.

The dementia challenge

More than 1 million people will be living with dementia in 2021.

To carry on living well, they will need support from a wide range of health and social care professionals.

- 6 out of 10 people receiving home care have dementia.
- A quarter of people occupying a hospital bed have dementia.
- 70 % of those in residential care have dementia.
- Over 70 % of those living with dementia have one or more other long-term conditions or disabilities.
- Every year dementia costs the UK £26 billion – that's more than £30,000 for every person with dementia. This money is often wasted by responding to crisis in the home, unnecessary use of A&E and premature admissions to residential care.

If we get it right for a condition as complex as dementia, we get it right for **everyone**.

Our approach to integrated dementia care and support

Alzheimer's Society's flexible offer includes a range of information and support services. Each one plays a part in making it easier for people with dementia to self-manage, live more independently and seek out the right support at the right time. Available to all health and social care professionals, our services are designed to support high quality, personalised dementia care.

Our approach is underpinned by NHS England six principles for new models of care. Our offer will help meet these, making sure the approach to integrated dementia care meets national, as well as local criteria, helping everyone deliver efficient and effective care and support.

Our integrated dementia care offer is:

- Nationally assured and locally tailored.
- Focused on supporting national frameworks and standards, such as NHS England Dementia Well Pathway, NHSE Clinical Commissioning Groups Improvement and Assessment Framework for dementia, and Care Quality Commission key lines of enquiry.
- Based on the National Dementia Declaration I statements and evidence of effective interventions.
- They can also be tailored to meet the needs of seldom heard communities, and those with comorbidities.

How it works

Dedicated support worker

Our freely accessible helpline and web-based forum, Talking Point, as well as our dedicated support workers make it easier to meet the needs of people affected by dementia – freeing up time, vital resources and delivering value for money.

Delivering value for money

We take a collaborative approach, tailoring our offer to meet local needs and circumstances. Our partnerships are about long-term benefits to the lives of people affected by dementia. To make this happen, we ensure you get the services, support and training that is right for you and the people you work with.

For every £1 of investment…

…nearly £4 worth of benefits are created

We offer value for money and a strong return on investment. Our **dedicated support worker** has been independently evaluated by New Economics Foundation consultancy, which found that **for every pound of investment, nearly four pounds worth of benefits are created**. Based on this analysis there are considerable benefits to both the person with dementia and their carer, which have the potential to drive greater cost savings in an integrated health and social care system.

Through our dedicated support workers, we ensure people with dementia and their carers can access a variety of wider support to enable them to maintain their independence. Such as:

Tackling isolation through volunteering

Our volunteer service, Side by Side, supports social inclusion and reduces social isolation by helping people with dementia to feel part of their communities and live more independently.

Developing understanding through specialist resources

We ensure all health and social care professionals have the information and advice they need to deliver joined up, person-centred care.

Growing a highly skilled workforce

Our skills-based training for health and social care professionals maps to key regulation standards, making it easier to deliver objectives and meet requirements.

Building dementia friendly communities

We support local communities to become dementia friendly and raise awareness through our Dementia Friends programmes.

Get in touch to find out more

integration@alzheimers.org.uk

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers through our publications, National Dementia Helpline, website, and around 3,000 local services. We campaign for better quality of life for people with dementia and greater understanding of dementia. We also fund an innovative programme of medical and social research into the cause, cure and prevention of dementia and the care people receive.

alzheimers.org.uk

Registered charity no. 296645. Company limited by guarantee and registered in England no. 2115499
Alzheimer's Society operates in England, Wales and Northern Ireland.

Leading the fight against dementia
Alzheimer's Society

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Leading the fight against dementia
Alzheimer's Society

Dementia advisers:

A cost-effective approach to delivering integrated dementia care

Acknowledgements

We would like to acknowledge and thank New Economics Foundation Consulting (NEFC) for carrying out the evaluation of the dementia adviser role.

We would also like to acknowledge and thank all service users and Alzheimer's Society operational staff who participated in the NEFC evaluation.

Alzheimer's Society
Devon House
58 St Katharine's Way
London E1W 1LB
T 020 7423 3500

E info@alzheimers.org.uk

alzheimers.org.uk

Code 961
Registered charity no.296645
A company limited by guaranteed and registered in England no.2115499. Alzheimer's Society operates in England, Wales and Northern Ireland.

Summary

Dementia is one of the biggest challenges facing the health and social care system today.

One person will develop dementia every three minutes, with nearly three-quarters of people with the condition also living with one or more other long-term conditions or disabilities.

Integrating health and social care provides a unique opportunity to transform the lived experience of people with dementia. Furthermore, if we get integrated care right for people with dementia, we get it right for everyone.

The government and NHS England (NHSE) have prioritised access to high quality post-diagnosis support for people living with dementia. This is a focus for national policy and frameworks. In order to meet these ambitions, it is crucial to know what works, as well as ensuring we are getting maximum value for money from public spending.

Alzheimer's Society commissioned NEF Consulting (NEFC) to undertake a social cost-benefit analysis of selected Dementia Adviser services in two locations – Bexley and West Lancashire. (For a description of the dementia adviser role see Section 2 Dementia and integrated care).

The findings point to a significant return on investment, with every £1 invested in such post-diagnosis support resulting in nearly £4[1] worth of benefits. If replicated elsewhere this could realise substantial savings.

This briefing sets out the economic and social case for everyone with dementia to have access to a dementia adviser. It also shows how, through integrated care, we can deliver significant improvements to the quality of life for both people living with dementia and their carers, as well as reducing reliance on statutory services.

For every **£1** invested in post-diagnosis support…

…nearly **£4** worth of benefits are created

[1]The SCBA conducted by NEFC found £3.84 worth of benefits.

1 The challenge of dementia

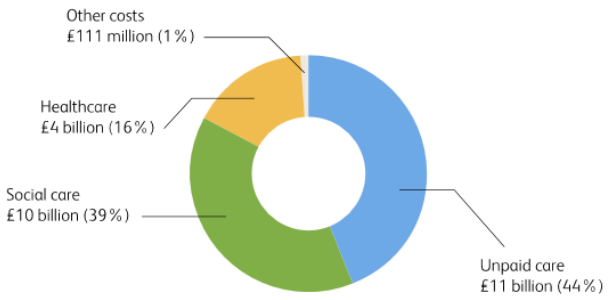
Dementia is the biggest health and social care challenge facing our country today. There are currently over 670,000 people living with dementia in England, and this number is increasing; one person develops dementia every three minutes (Alzheimer's Society, 2014b). We also know that dementia very rarely travels alone and that around 70 per cent of people with the condition have one or more other long-term conditions or a disability (Alzheimer's Society, 2014a).

Alongside this, for every person diagnosed there is someone who then becomes the main carer for their husband, wife, partner, mum, dad or close friend living with the condition. It is crucial that appropriate care and support for carers is also available.

The financial cost of dementia is enormous. Today, it costs the UK economy over £26 billion annually and this is increasing (Alzheimer's Society, 2014b).

This currently equates to over £30,000 a year per person with dementia.

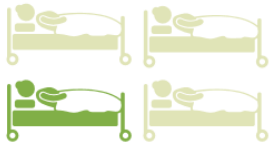
Figure 1 Cost of dementia care by location and type



It is easy to see how these costs come about, when we look at the statistics of people with dementia and usage of health and social care (see below):

Two-thirds
of people with dementia live in the community.

60 per cent
of people receiving homecare have dementia.



A quarter
of hospital beds – and in some cases nearly 40 per cent – are taken by a person with dementia.

70 per cent
of those in residential care have dementia.

72 per cent
of people with dementia have one or more other long-term conditions and/or disabilities.

Alz Soc 2014a

We know currently that much of the cost of dementia care supports a system that is not delivering good value for money. This consequently puts increased financial pressures on an already stretched NHS and social care system, through an absence of accessible and timely support to prevent crisis and high cost intervention.

However, there is potential to reduce costs through more timely care in the community, preventing crisis and reducing pressure on acute services through integrated health and social care.

Dementia – a priority for the NHS and social care

NHS England (NHSE) has made dementia a priority, both in terms of diagnosis and post-diagnosis support. The 2016–17 NHS mandate states the ambition to:

- 'maintain a diagnosis rate of at least two-thirds
- improve quality of post-diagnosis treatment and support for people with dementia and their carers' (Department of Health, 2016a).

The Prime Minister's Challenge on Dementia 2020 also sets out actions to focus the health and care system towards providing person-centred and meaningful post-diagnosis support, which meets the needs of people affected by dementia (Department of Health, 2015).

Encouragingly, led by GPs, clinical commissioning groups and memory clinics, we have seen significant increase in dementia diagnosis to around two-thirds of people living with the condition now receiving a formal diagnosis, compared to around a third in 2009 (Health and Social Care Information Centre).

The focus now is not only to build on the recent progress of diagnosis rates, but to improve the quality and reach of post-diagnosis support. We want everyone with a diagnosis, no matter where they live or what their circumstances are, to know they can access support; starting with one key point of contact – such as a dementia adviser.

Expanding post-diagnosis support is reflected in the 'Supporting well' component of the NHSE Transformation framework: the well pathway for dementia. This sets out a commitment between government, NHSE, local government, the third sector and relevant parties to deliver better quality post-diagnostic support, accompanied by commitment from the Department of Health to ensure concrete action nationally and locally to support this.

The CCG Improvement and assessment framework also indicates the importance of both diagnosis and post-diagnosis support, with the inclusion of an agreed care plan – a vital component of person-centred support, which can be supported by a dementia adviser.

2 Dementia and integrated care

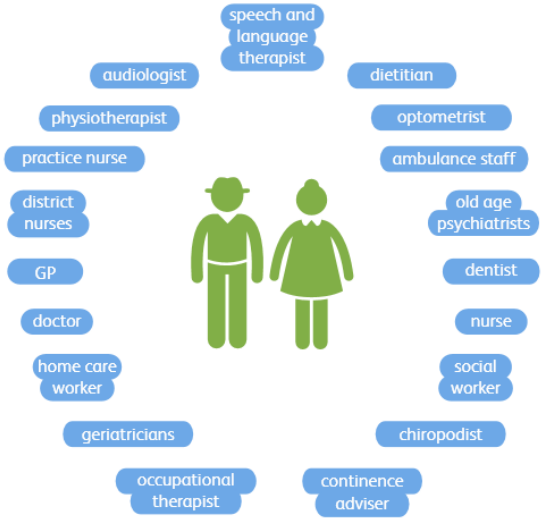
The drive to deliver better integrated health and social care provides a unique opportunity to transform dementia services. Indeed a wide range of initiatives have already started to recognise the importance of dementia and are making dementia a key part of their delivery plans. These include:

- Sustainability and transformation plans
- NHSE new models of care vanguards
- Better care fund programmes.

However, as the diagram below demonstrates, there is a huge range of health and social care professionals to which people with dementia and their carers often require access throughout their journey.

The complexity of the current disjointed system is creating a barrier for people with dementia to access the support they need to live well. The right care in place, at the right time, means that this system can be joined up. Better quality of care for people with dementia leads to improved wellbeing and independence.

Figure 2 Some of the health and social care services that people with dementia and their carers need to access



Current provision of post-diagnosis support

A recently commissioned Department of Health report highlighted Alzheimer's Society as the provider of 75 per cent of commissioned one-to-one support services surveyed (Ipsos Mori, 2016). However, demand for such services exceeds provision across the country. Current access to high quality post-diagnosis support is very patchy, and in many cases does not meet the needs of people with dementia or their carers. This lack of support is reinforced by those on the front line. A survey of GPs conducted by medeConnect found that:

- 70 per cent cite the lack of accessible local services as the main barrier to support for people with dementia
- half don't think their patients with dementia get enough support from the NHS
- over two-thirds (67 per cent) of GPs don't think their patients with dementia get enough support from social services.

Worryingly, the lack of services can also have an impact on diagnosis. The same survey indicated that over a quarter of GPs say they would be less likely to refer people with suspected dementia for a diagnosis if there is not enough local support in place.

The Department of Health's implementation plan to the Prime Minister's Challenge on Dementia 2020 stated:

'We heard a consistent message from people who reported that on receiving their diagnosis, they faced a bewildering future and felt alone in facing this. People with dementia and carers told us of their urgent need for information, advice and support both immediately after diagnosis and to help them through the stages of their journey with dementia.'
(Department of Health, 2016)

Therefore, for people with dementia to live well with the condition we urgently need to increase both the quality and reach of post-diagnosis support.

Dementia adviser – a dedicated support worker

There are a number of titles or names used for a one-to-one role supporting someone with dementia and their carer, but the most common name is a dementia adviser. They hold the key to delivering high quality post-diagnosis support and integrated care.

The most effective route to accessing post-diagnosis support is by ensuring there is a systematic offer of support from a dementia adviser. This should come through the memory assessment service, and should be provided for all people receiving a diagnosis. Alternatively someone with dementia can refer themselves to a Dementia Adviser service or can be referred by a GP or community organisation to access tailored post-diagnosis support.

The dementia adviser makes it easier for people with dementia to self-manage, live more independently and seek out the right support at the right time. Dementia advisers deliver high quality, personalised dementia care.

Figure 3 Personalised dementia care from a dementia adviser

Cost-effectiveness of dementia advisers

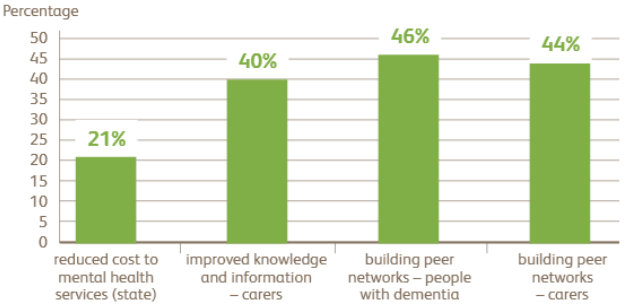
Alzheimer's Society commissioned NEF Consulting to evaluate the dementia adviser role, using services in Bexley and West Lancashire as case study locations.

The SCBA found that the key outcomes with the greatest value created were:

- **a reduction in the cost of mental health services to the state**, by avoiding carer breakdown
- **an increase in information and knowledge for carers** as evidenced by their awareness of support services available in the community, knowledge of strategies that help them to cope with caring for someone with dementia, and their ability to keep the person they care for safe from harm
- **an increase in building peer support for both people with dementia and carers** from having more contact with other people with dementia or carers.

The Social Cost Benefit Analysis (SCBA) conducted showed that for every £1 invested in these services, £3.84 worth of value is created for stakeholders.

Figure 4 Change in outcome by stakeholder



Percentages in figure 4 refer to the scale of change in the outcome attributable to the use of the service. Further evidence in the next section demonstrates what this means in practice, and how these changes may lead to further positive outcomes.

3 The impact of integrated care

Getting integrated care right can have a range of benefits for people with dementia and carers. Three specific areas are outlined below.

Reduced use of mental health services

The NEFC study found that by improving carers' wellbeing, the Dementia Adviser service could reduce the cost of mental health services by approximately 21 per cent, by helping carers to avoid breakdown. Feedback from carers supports this:

'I used to get depressed before and I didn't used to ask for help. You have given me a lot of support and introduced me to some wonderful people. I have made lots of new friends.'

'I have received invaluable support, information and guidance from my dementia support worker. I do not feel alone and have the confidence to support my mother. I do not know how I would have coped without this help.'

These findings are reinforced by previous studies that have found a significant correlation between caregiver burden and increased use of mental health services (Tommis et al, 2009). There is also evidence that the stress levels of carers of people with dementia are particularly high, due to its complex, unpredictable and progressive nature (Carers Trust, 2013). This is supported by evidence showing nearly nine in 10 people caring for someone with dementia say it has had a negative impact on their mental health and half of carers of people with dementia say they have experienced depression (Carers Trust, 2013).

Other studies have found evidence of an impact from providing support for carers on the health of the person they care for. One of these found that providing carers with emotional support can significantly delay the need for the person receiving care to go into residential care (Mittelman et al, 1996).

Increase in knowledge and information

NEFC found that the Dementia Adviser service improves knowledge and information of the carer by 40 per cent. This can enable greater independence, build resilience and increase access to timely care and support.

'She brought up things we would have never thought about. What comes up later... you don't know what it will be like in six months' time...'

'I learnt more from her in one hour than I had in the previous six months. It was very useful.'

'[Without the service…] We would be totally unaware as to the support that could and will be available in the future regarding my wife's illness.'

Supporting these findings, there is evidence that information and advice can have an impact on health and wellbeing, helping people with dementia to remain independent and well for longer (Department of Health, 2013). There is also evidence linking the navigation aspect of the service with improved health outcomes. An evaluation of care navigator services found that 75 per cent of carers said the condition of the person they care for would have worsened more quickly without the support of the service, and 50 per cent said they had made fewer visits to hospitals as a result of receiving support (Building Health Partnerships, 2014).

The strength of the information provided by the Dementia Adviser service may be in the way it is delivered – it is personalised and tailored. The 2013 Carers Trust report, A road less rocky – supporting carers of people with dementia, highlighted the varying individual needs of carers and research has shown that the Dementia Adviser service provides, 'the right information and advice at the right time for them' (Department of Health, 2013), and that this personalisation can also be key for crisis prevention.

Access to services, enabled through the dementia adviser, can also help people to find new meaning and purpose – people with dementia can find ways to enjoy life, build new relationships and get the support they need (Department of Health, 2013).

Increase in building peer networks

The study found that the Dementia Adviser service facilitates social support through increasing peer networks for both the person with dementia and the carer, with an increase of 46 per cent and 44 per cent respectively. Carers commented:

'It's stopped her feeling so alone. It's nice to feel that there is someone out there that understands.'

'Having people to talk to. Apart from going shopping he doesn't chat with anyone. Seeing other people with dementia helps a bit, seeing how things can develop.'

'[Without the service…] Very isolated for both of us. He would have been in a home by now.'

Increased peer support can make a transformational difference to the lived experience of dementia. Other research has found unique benefits to peer support, in contrast to other forms of social support, where a more positive attitude emerges from, 'identification with others, a commonality of experience and reciprocity of support' (Keyes et al, 2014).

Peer support is also important in reducing loneliness – particularly prevalent in people with dementia, as 40 per cent of people with dementia have felt lonely recently (Alzheimer's Society, 2014a) and 33 per cent of people with dementia have lost friends after their diagnosis (Alzheimer's Society, 2013). This can have an impact on the healthcare system as research shows that loneliness can have negative health impacts as damaging as smoking 15 cigarettes a day (Holt-Lunstad et al, 2010).

Conclusion

Access to timely and quality post-diagnosis support is essential for people affected by dementia.

This case study SCBA has shown that Dementia Adviser services, as described, can deliver significant benefits to the person living with dementia, their carer, and public services in a highly cost-effective way.

There are clear local and national policy commitments to improve access to high quality post-diagnosis support.

The Dementia Adviser service provides a national framework that can be locally adapted to meet specific need. In doing so, this will not only improve the quality of life and independence of the increasing number of people living with dementia, but ensure that public resources are used effectively and delivering a significant value for money.

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Leading the fight against dementia

Alzheimer's Society

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers through our publications, National Dementia Helpline, website, and more than 3,000 local services. We campaign for better quality of life for people with dementia and greater understanding of dementia. We also fund an innovative programme of medical and social research into the cause, cure and prevention of dementia and the care people receive.

Alzheimer's Society
Devon House
58 St Katharine's Way
London E1W 1LB

T 020 7423 3500
E info@alzheimers.org.uk
W alzheimers.org.uk

Code 961

Evidence Submission 7 (Local resident):

I would like it made clear that I do not consider this a valid consultation or process fit for purpose, so my submission does not mean I consider that I have been consulted or that I am part of the process in any way for taking forward the STP. My submission is, as should be evident, a complete disagreement with and objection to the entire STP and the illegitimate way in which it is being foisted on patients, residents and NHS staff.

Most people aren't aware of something called a STP. How many vulnerable, unwell and elderly people who will be amongst those most affected have heard of it or know what it means?

The 30th Nov invitation to the public to give evidence on the STP allows TWO DAYS to register for verbal evidence and SIX DAYS for written evidence. For such an enormous and complex issue of inestimable importance for people's health and wellbeing, and the survival of the NHS, this is totally unreasonable and unacceptable.

Why is this all happening at such extremely short notice? Surely the NHS deserves our best attention which is impossible with so much rush and a complete lack of transparency.

This is not a coherent, accessible and timely process for including patients, residents and NHS staff in discussing the future of the NHS - if that is what the STP is supposed to be about.

In fact the STP is an unfunded and unrealistic "option" which would lead to a collapse of patient care. Anyone who really knows the needs of patients and is genuinely concerned for them is aware of this. So why is the STP being presented as something worthy of consideration? We need much better and funded options if the NHS is to actually exist in future as anything other than just a logo. And better options do exist.

I would therefore suggest that the limited resources available to Councils and all concerned would be much better spent on discussing positive alternatives since the STP cannot deliver decent patient care based on NHS values and principles.

Sharon Lytton

Evidence Submission 8 (Older Peoples Reference Group, Haringey):

Evidence Statement to NCL JHOSC

Much of the STP so far presented for north central London shows a **refreshing approach** to how health and social care for people in most need could be managed more effectively and closer to home. My concern is that we have not seen any coherent, **adequately funded plan** for the transformation and that while there is a will to integrate health and social care delivery much more, it makes assumptions of local authority support services [in keeping people out of hospital] that cannot be met as **severe cuts to these services** have taken place, and are scheduled to continue for at least another two years.

I am also informed that CCGs are required to 'sign off' their parts of the 'footprints' by 23 December which means such plans as we do have – without any operational detail – will only have been in the public domain for two months at most, and with **very little or virtually no collaborative engagement** in their development.

Collaborative engagement is what I want to say a bit more about as this is indeed flagged up as essential to making the transformation work. If collaboration in development is sought from users, carers and community representatives only after decisions are made which imply the level of reduced funding outlined, then the transformation tail will be wagging the sustainability dog [Mark Rogers, CE B'ham]. Promoting better health **cannot answer alone** for sustainability in crisis. And this is nowhere more true than for vulnerable older people.

In Haringey we have over 1800 people suffering dementia, 3% receiving some Council support, including that out-sourced, and one specialist day centre left having to find ways to give some support to users and carers from across the borough who have lost day care places. We have a new initiative, and it is welcome, in the Haringey and Islington Wellbeing Partnership which has set up an older peoples workstream and the professionals involved want to work together identifying **pre-frail elderly people**, an ever increasing population of us. We have Step Down and other intermediate care – in places, and in pilots. But what is sorely lacking is the joined up **re-direction of resources plan** and what Mark Rogers of Birmingham LA, calls **double running money** – keeping beds as long as they are needed and identifying transitional costs and the revenue stream for supporting people pre-hospital or post-hospital. This matters because so many users, carers, families and voluntary groups have had bad experiences, had to deal with hard working but often very defensive professionals for the organisations, and **lost faith in any transparency** while perceiving the cuts in funding as driving everything else. If trust is to be restored, necessary for any real collaboration, then a **much more open and equal process**, with transparent objectives, has to ensue.

To quote Mark Doughty of the Kings Fund: ''A focus on collaborative and relational

practices will involve a genuine commitment to sharing power, developing the values, principles and practices associated with dialogue and **co-productive working**, and potentially challenging current mindsets and established working cultures. These are issues we have been exploring with patients, citizens, clinicians and managers on our **'collaborative pairs' programme**. And earlier this year we published **Patients as partners**, which sets out a practical framework for developing collaborative relationships among NHS, patients and community partners.

I understand that those leading the STP development process are currently having to manage conflicting demands and work pressures, and also deliver to incredibly tight deadlines. However, the danger is that under this pressure people can retreat into their professional and organisational silos and adopt practices that maintain control, rather than work towards change for the better.

I wonder what would happen if people were prepared to challenge their assumptions around how patients and the public might react if given **full disclosure**? It might feel like a risk, but in my opinion it is just a new way of working that feels risky because of the shift in power, control, identity and knowledge; in fact the risks of not doing so could be even greater. **What might happen if a different conversation was initiated, involving local communities coming together with the leaders of local health and care services to engage in a dialogue about opportunities?''**

It has been said that the Health and Wellbeing Boards ought to do the latter. However it seems abundantly clear to most with any experience of them that is not what happens.

There are **good examples of collaborative working** and the Social Care Institute of Excellence, Nuffield, and the Kings Fund have documented some of these.

What I want to underline here is that the STP development in north central London, and in its constituent parts or boroughs, must be opened out to a **more equal focus** on users or patients and their carers, voluntary and community representatives working together with NHS managers, professionals and local authority councillors and professionals and managers – in **agreed development forums** where the rhetoric of concepts such as place based commissioning and CHIN can be realized in an accountable and transparent process which also **attends openly to the funding and budget issues raised**.

* If it could be done in the 1980s with Joint Finance between local authority and health authority to unify for instance the pool of public money for all occupational therapy in one borough, then it can surely be done now. Much more needs to be openly shared about what is possible with existing resources – alongside the undoubted need to join the demand for a restitution of funding. We need the equivalent in place of the ''targeted peer support, community capacity building and an expanded role for the VCSE sector in preventing or reducing the need for unplanned care'' of the NHS Integrated Personal Commissioning Framework before

this STP goes ahead. All we hear in Haringey is a silence on joint pooling and an acceptance by those in charge of further slicing off funding, while well-meaning professionals scrabble for bits of grant, and numerous carers are so exhausted that they can't get to meetings intended for their benefit, and the community groups such as Haringey Forum for Older People having lost grant find volunteers are pushed beyond their limits. That is the reality of our current ''empowerment''.

I shall also say bluntly that if there is no further investment in social care the aims of the STP are undeliverable.

Let's have a longer lead-in process and allow re-drafting of STP, with real local input based on relationships and an agreed structure, yet to be established.

Gordon Peters

Chair, Older Peoples Reference Group, Haringey

Vice Chair, Adults Partnership Board, Haringey

December, 2016

Evidence Submission 9 (Healthwatch Camden):

Healthwatch Camden submission to the North Central London Joint Health Overview and Scrutiny Committee in respect of the NCL Sustainability and Transformation Plan.

General

Healthwatch Camden works with the other four local Healthwatch in the NCL area, to co-ordinate our input the STP. We also engage directly with Camden CCG, to influence the Camden Local Care Strategy, which forms a part of the STP.

At NCL level, we have made a statement of principle about engagement, which has been submitted to the JHOSC by Healthwatch Haringey. In Camden, we recently contacted the local CCG and council leaders to express our concern at the way engagement to date falls short of these principles.

Healthwatch Camden welcomed the decision by Camden Council to publish to STP.

Local people in Camden who are aware of the STP are often concerned that the STP implies there will be major service cuts.

What people say about local services

The JHOSC invites us to share what we know of people's views, ambitions and concerns about current local health and care provision across the North Central London sub region. This is a massive subject, so we are only able to give a broad summary, and highlight some key points, based on our most recent work.

When we talk to local people about their health and social care services, most are happy with them, and aware that Camden has some good standards of care. They want some of the access to services to be made better. The main area people express concern about is **mental health services**. People also tell us that getting to see a GP can take too long. People from BME communities and disabled people are more likely to tell us that they have difficulty getting the right services, and in particular that they face barriers in communicating with their GP service.

We also encounter some of the same issues as reported by Healthwatch Islington:

- Access for Deaf people needing sign language interpreters within hospitals, and in general health and care providers not being ready to meet the Accessible Information Standard for people with disabilities;

- Health and care professionals not having time/ cultural awareness to enable patients to feel heard;
- (From work specific to BME communities but findings may apply to others) Patients often not aware of/ offered choice when being referred to hospital;
- Socio-economic factors meaning people are less able to make healthy lifestyle choices;
- Lack of awareness of entitlements and what's available (the health and care landscape is overly complex).
- We also did some work with BME groups on sexual health services and this highlighted lack of awareness of the services.

For example, our recent research has found that

- The large majority (83%) of patients in Camden report a good overall experience of their GP practice and, in general, Camden's GPs also have good scores on clinical performance indicators. Nevertheless, the data reveal variation in essential areas such as diabetes care, variations that are not fully explained by demographic factors. We concluded that there is room for improvement.
- Health advocates based in GP practices report variation in types of non-medical support sought by different patient groups. Patients from black, minority and ethnic groups are more likely to seek help with housing or benefits while white British patients are more likely to seek support around healthy living
- Common barriers to seeing a GP are "*a hundred times more*" for people with learning disabilities. People also told us that these barriers are not hard to overcome with a bit more awareness and understanding. We were pleased that local GPs responded to our report very positively.
- Residents of Bangladeshi origin show a significantly greater risk than the Camden average (when age adjusted) of having diabetes, coronary heart disease, dementia, hypertension, a stroke or a serious mental illness
- Residents of Bangladeshi origin have consistently poor experiences accessing GPs and getting the right information, support and guidance from them. (We also had similar comments African residents.)
- Residents of Bangladeshi origin told us that family members can sometimes just accept poor health and isolation as the way it is. Some aren't always confident about making changes to become more healthy and well.

Because local people are aware that Camden services are in some respects better than in other NCL boroughs (for example better access to GP appointments in Camden than in Haringey, or the contrast between the CQC quality reviews at the North Middlesex hospital and at UCLH) they are worried that the STP will diminish local Camden services. One described it as "robbing Peter to pay Paul".

How we are working with the STP

The five local Healthwatch in the NCL area have one representative to the NCL STP Transformation Board, Patricia Mecinska from Healthwatch Enfield. Through her, we have been urging a proper programme of engagement. (We do not regard having a local Healthwatch representative on the board as a substitute for public voice – our role is to champion public voice, not to serve as a proxy for it.) We advised the organiser of the five public meetings which to date have been the only formal engagement from the Board. These meetings were organised at short notice and did not aim to do more than to reach people who are already engaged in influencing health and social care. They were not designed to be a way to engage the broader general public.

The STP incorporates a number of work-streams that were already in process. In particular, there was already an NCL-wide urgent and emergency care programme and a mental health programme as well as a shared approach to primary care, through a joint committee. Local Healthwatch are represented on these programmes. In Camden's case we represent local Healthwatch on the Urgent and Emergency Care programme board.

The Urgent and Emergency Care programme board has an emerging engagement strategy, which involves local Healthwatch and which will support some genuine coproduction of new service models. Details are still being agreed, but we hope there will be a wide-ranging series of engagement opportunities.

Specific themes

Transparency
We are very concerned at the lack of transparency about the STP to date. Healthwatch Camden welcomed the decision by the council to publish the STP and to start to consult local people about it. The consultation to date has been rushed and, perhaps inevitably, mainly involving the already engaged.

We have contacted local leaders to say that while we were pleased to see any form of information emerging, we remain very concerned that the consultation thus far has been pitched at such a general level as to be almost meaningless. The main document is very hard to follow. It does not explain what will change or how it may affect local people. This lack of substance makes it very difficult for Healthwatch Camden to fulfil our role of supporting local people to get involved in the planning of services. The summary document is easier to read but suffers from the same deficiencies.

Outcomes
The lack of detail mentioned above makes it difficult to comment on outcomes. Local people are supportive of closer to home, integrated services, however, they point out that similar ambitions have been set out in previous local plans. The

detailed concerns people have about services (outlined above) are not addressed in the STP. We hope that some of these issues will be addressed in the detailed work-stream plans. Issues to do with equal access need particular attention. Catering for diversity and promoting equality needs to be central to plans, woven into service pathways and set as an indicator of success.

Finance
The document, although complicated and long, does not actually set out how the necessary savings on future costs will be achieved. This leaves local people nervous that a further iteration of the document will include substantial service cuts or disposal of NHS assets. It would be useful if the financial assumptions were made more transparent.

Adult Social Care
We queried the single place for a social care representative on the STP board, when so many NHS bodies were directly represented (we were told that the five boroughs had agreed to this approach). We were concerned that the document is so silent on adult social care. We know that across the NCL area social care services are closing, and council budgets are stretched to the limit. Local people tell us they are worried about the future of essential community services. The STP does not offer a solution.

Governance
Healthwatch Camden members asked about the relationship between the Local Care Strategy and the STP (it is not always evident how the strategy fits into the STP) so some very simple information about that would be useful. Other questions that emerge are about governance (who decides, and where is local voice in the decision making?) and about the relationship between the STP and the local health and wellbeing strategy.

The five local Healthwatch in the NCL area would like to see some clear plans for citizen involvement in the governance structure of the STP. As decision making moves further away from localities we are concerned that the opportunity for real influence from local people could be diminished. We will continue to press for plans that reflect the views and experience of patients, and a strong citizen voice in all decision making.

Evidence Submission 10 (NCL STP-Watch):

Evidence to JHOSC of Camden, Islington, Haringey, Barnet and Enfield on behalf of NCL STP Health-watch

Submitted on 6 December 2016

1 Who we are and why we are submitting evidence

We are a group of people living in the NCL area who have come together to defend the NHS and social care from an unprecedented funding squeeze. We believe that the STPs are providing a narrative of beneficial service change which is acting as a smokescreen, disguising the fact that these cuts are happening. We believe those plans are undeliverable, given the lack of investment funding and the speed required to implement them. When they fail, as they inevitably will, NHS staff and all of those in local authorities who consented to these plans will be convenient scapegoats.

We urge the committee, which is a cross party body, to recognise that the basic problem is caused by political choices made elsewhere - in central government, not at the local level. We believe locally elected politicians owe it to their constituents to stand out against the NCL STP, as local administrations in several of the 44 footprints have already done, most recently in Merseyside. Unless they do, and re-focus attention on the actions of central government, the poorest and most vulnerable people in NCL will have worse acute services, as these are cut back to allow development in primary care, and worse primary and community care services as efforts to upgrade these services will founder because of inadequate investment and inadequate time to develop the capability needed.

We make several recommendations to you in this document. Many of them ask you to inform and influence your councillor colleagues in the five boroughs to make corporate decisions which do not collude with the smokescreen but direct attention to where it is deserved, on a central government which is failing to fund the NHS, and particularly social care, at the level which is required in a civilised nation. We think that local government should not assist in the creation of a myth that the NHS and social care are well enough funded, if only they were efficient enough and appropriately organised.

This paper has the following sections

- Lack of transparency
- Social Care
- Public health
- Where will the cuts be made?
- Estates
- Governance
- List of recommendations

2 Lack of transparency

We are appalled at the lack of hard information being made available to the public and to local elected politicians, such as members of this committee. We note that the committee had prepared a detailed set of questions to the STP team, to be answered when they appeared before the committee on 25 November, but virtually no effort was made to answer these questions. Instead, the STP team focused on high level generalities, presenting the committee again, as they had at the previous meeting, with their narrative of motherhood and apple pie warm ideas about integration of health and social care and a primary care-led NHS. We suggest that you send again the set of questions you put to them, and ask for written answers, to be submitted to you immediately so that you can include consideration of these answers as you prepare your report.

Recommendation 1 We urge you to ask your colleagues on the five councils to take no action in support of any of the recommendations in the STP until there has been full disclosure of all the background material, including appendices on finance, staffing and estates.

3 Social Care

Many people were astonished that the Autumn Statement did not include a single word about the funding of social care, never mind the necessary extra funding. And yet all councillors will know that social care is on its knees. While there has been a small increase in funding this will be totally swallowed up by the higher minimum wage, necessary though this is. A recent report has drawn attention to the fragility of the residential social care provider market, which is now heavily dominated by a few very large firms. The chaos which would ensue if another of these collapsed would all have to be picked up by local government.

It is, of course, the hope of getting more central government funding for social care that has so far persuaded most local authorities to work with NHS colleagues. According to the October draft of the STP, cuts to social care by 2021 will mean the area will be £300m short of what is required. The history so far of how the Sustainability and Transformation Fund has been used should warn local government that they are unlikely to gain anything for social care by staying aligned. NHS providers have run up major deficits during the last two years - a result of the tariff being set by NHS England at below cost - and the deficits have been funded from the money in the STF which had been set aside for investment. No-one can doubt that the pressure on the acute sector NHS is continuing to rise, and therefore it is likely that the remainder of the fund will go the same way. Funding for domiciliary and residential care will be the loser. Better to speak out about it now than to collude with the smokescreen, as this lets central government off the hook and confuses public opinion.

Older frail patients do remain for long periods in unsuitable critical care beds because no residential care beds are available. It is now generally admitted that we cannot rely upon the market to provide Residential Care, but not mentioned in the STP, as this is something out of

their control. The National Pensioners Convention has long campaigned for a National Care Service funded by taxation and publicly provided

Recommendation 2 We urge the committee to recommend to their colleagues in the five councils that they make it very clear that they cannot support the planned changes in NHS services while social care is so badly under-funded. You should also point out to them that money originally promised for transformation of services is steadily being removed to fund the deficits being incurred by under-funding of the NHS, and will not be available in anything like the original amounts to fund integration between health and social care

4 Public health

Some of the rationale for the STP rests with attempts to get people to stay healthier for longer, obviously a laudable aim. But once again the story of inadequate funding applies. The government made major cuts to the money it gives local government for public health, in order to use that money as part of the £8bn by 2020 it had promised to put into the NHS, i.e. the budget for NHS England. This funding switch, and also cuts to NHS training, explains the discrepancy between what the government has said it has contributed and what most experts say, including the Conservative chair of the Health Select Committee Dr Sarah Wollasston.

It clearly is the case that with enough commitment of resources much could be done through health promotion and sickness prevention to reduce the need for more expensive services later in life. While the STP team claims that it can make some progress on this during the five years of the plan, using models prepared for the GLA, it is a fact most of the factors which generate ill-health lie outside the scope of local interventions - factors such as poverty and the need for cheap food, time-poor households where long hours of work are needed to make ends meet, poor housing, an obesogenic food production and retail sector, schools driven to concentrate on exam results rather than the wider well-being of the young person, the need to charge for the use of sports facilities. The list goes on.

The committee should require the STP team to give exact figures on what they will be spending on public health interventions during the next five years and what benefits, both immediate and future, they expect to reap from this investment. We believe given the likely level of the investment there may be a small gain but that this is not enough to justify the prominence that 'keeping people well longer' has in the narrative of the plan, once again adding to the suspicion that we are being presented with a smokescreen.

Recommendation 3. The committee should demand to see the STP's view of the likely return on investment of the public health interventions planned, to satisfy themselves that these are realistic, in the light of the wider determinants of ill-health that are beyond the control of local government and NHS services.

5 Where will the cuts be made?

Using the information from what was said at the evidence session on 25 November and also from our own enquiries, we understand that there will be three main categories through which savings will be made to narrow the gap between what will be needed under the current service pattern and what will be available. These are grouped in the STP as the following

- **productivity improvements**, of which £200m will come from within current structures and £100m from more efficient inter-organisational working, including a common HR system leading to less churn in the workforce and a consequent reduction in the costs of advertising posts and paying agency staff. Shared back office functions figure here.

- **transformation of services,** especially aimed at preventing admission to hospital through A&E, by provision of alternative ways of caring for people, especially frail elderly people. This category would also include the increased focus on prevention and public health which is meant to keep us well for longer. We have been given no indicative figures for savings from this area.

- **enablers,** greater use of new digital technology which should help to cut paperwork, ensure that records are made only once and then shared, and that clerical services can be reduced. Additionally, new types of multi-skilled staff will be developed to work across the health and social care divide, leading to fewer visits by specialist staff

We make points about each of these below

5.1 Productivity improvements. We note that the intention to make efficiency savings of £300m is not being launched at a time when the NHS is funding-rich. Most analysts agree that modern health systems need between 3% and 4% annual increases to keep pace with demographic and technological change. The rising standards of the NHS in the 2000s came about because of an unprecedented rise in funding, bringing the UK's spend up to the European average, but since 2010 the annual increase has averaged 1%, with big savings being achieved through the Nicholson challenge (David Nicholson, the then head of what is now NHS England) and through pay squeezes. The easy efficiency gains - the so-called 'low hanging fruit' - have already been made. We need detailed information from the STP about how they are going to cut £300m over the next four years to achieve this end. In particular, we all need to know

- which clinical services will be 'consolidated' into fewer hospitals, making them less geographically accessible to local people
- how many non-clinical staff will be made redundant.
- How will it be possible to squeeze any further work out of clinical staff, who already often work beyond their paid hours to meet the needs of patients

5.2 Transformation of services. We have been told by the STP team that services need to be transformed in the area to avoid having to create 550 new hospital beds which would

otherwise be needed by 2020. There is no intention of closing existing beds on current plans, although we note that the October draft does not contain proposals to find the remaining £75m of the gap, and we await with interest this further information. We do not have confidence that a shift towards a more primary care-led NHS, if properly staffed and resourced, would be any cheaper than the current model of service, and there is much research and evaluation of earlier initiatives to support this scepticism. We fear that what will actually happen will be that hospital beds will not increase as need rises, but that the services it is possible to develop in the community and primary care will not be up to meeting need. We are not sure whether NCL is planning, as other footprints are, to triage A&E through the use of the NHS 111 system, with ambulances responding to this rather than the traditional 999, at least for people who have the labels 'frail' and 'elderly' attached to them. If so, we believe that is quite outrageous that that any section of the population should have their choices removed from them in this manner. the STP team need to answer questions about this shift in service

- How many more staff will be employed in community and primary care by 2020 and what will be their job roles, grades and skill-sets.
- Will there be any change to the duties of the London Ambulance Service, whereby they will be required to take people to centres other than hospital A&E, or not to remove them from their homes when under today's rules they would do so
- How will community and primary care services be able to avoid the problems that research reveals, and which tends to increase costs, including the use of hospital beds, rather than reducing them

5.3 Enablers. We applaud the intention to invest in both digital technology, which we believe could provide major savings, and in developing new cadres of skilled staff to work in an integrated health and social care sector. Our local economy would benefit greatly from this second enabler, as it would potentially provide skilled occupational roles for people who may have started their working lives with poor qualifications but who, with the right training and development opportunities, could progress well beyond what is defined as unskilled or low-skilled work, but both of these enablers require significant investment, more time than is likely to be available, and strong strategic innovation capacity in a system which is actually a collection of large and small entities.

Reassurance needs to be provided that:

- digital transformation can be delivered and integrated effectively across all providers within its investment envelope given (a) the anticipated deficit of £900m by 2020/2021 and (b) the historic problems with and overspend on IT systems in the NHS
- there is an evidence base for improvement in the quality of care, especially for the growing numbers of those least able to access technology, generated by proposals such as ‘reducing the emphasis on traditional face to face care models’
- additional investment in professional development pathways will be provided by NHSE at a time when bursaries to support nurse training have been removed and councils have had their funding and capacity to deliver additional functions severely curtailed.

Recommendation 4 We ask you to urge your colleagues on the five councils to demand that the people of North Central London are not forced to travel further to get access to clinical services that are planned to be 'consolidated'. Accessibility is a key factor in overcoming health inequality. Information should be provided, including any plans to consolidate services to find the remaining £75m of the funding gap.

Recommendation 5 We urge you to demand to know from the STP whether they are contemplating compulsory redundancies, and if so to ask your colleagues in the five councils to oppose the plan. In the light of staff shortages in the NHS, redeployment rather than compulsory redundancy should be the policy followed

Recommendation 6 Your colleagues on the five councils should demand to know how many more staff will be employed in community and primary care by 2020 and what will be their job roles, grades and skill-sets. Specific commitments are crucial to the credibility of these plans

Recommendation 7 Your colleagues on the five councils should demand specific plans for how the NHS is going to invest in developing the skills and qualifications for the part of the workforce which will need to work differently in the future. These must be costed and be firm commitments

Recommendation 8 Your colleagues on the five councils should demand that there will be no difference between how the London Ambulance Service is expected to treat frail and elderly people and the rest of the population

6 Estates

Because of high land values in North Central London, our NHS estate is very important, but it is not clear who owns it and who therefore would get the proceeds of any disposals. It is crucial that this is clarified, and that any disposals are made with the long term interests of NCL people as a strategic objective, and that any capital investment in new facilities be made in line with genuine value for money considerations

Recommendation 9 The committee should make it clear to the STP team that they will have a continuing focus on the issue of estates, and demand assurances that no disposals will take place unless the full benefit goes to the community in NCL.

7 Governance

How health and social care in North Central London will be governed in the future is a vital issue. The whole STP process is extra-legal, involving 'swerving' round the statutory structures put in place in 2012. This is not the way things should happen. It gives unaccountable power to senior officials in Whitehall and beyond, and takes the focus off those who have statutory duties to provide services. Already in evidence to you given by the STP team we hear of a high-level oversight group being set up, whose only statutory basis would be powers delegated upwards by the CCGs. The draft STP also contains hints that the future lies with accountable care partnerships, which will bring together the purchaser provider split, and be accountable only for high level outcomes (not services, over which they would have complete control without recourse to public involvement). Whatever model for the NHS is developed in later years, we believe that full engagement of the public's elected representatives in local councils is the best way of protecting our interests.

Recommendation 10 We ask you to ask your colleagues on the five councils not to engage with new structures which detract from the local focus that CCGs currently have, ensuring that any powers delegated upwards do not have this effect but are purely for co-ordination purposes.

Recommendation 11. Your colleagues on the five councils should be asked to demand that statutory change happens before any reorganisation involving a unity between purchaser and provider is accepted as an operating model. without that, it will be an unstable solution and subject to further extra-legal executive action.

8 List of recommendations

Recommendation 1 We urge you to ask your colleagues on the five councils to take no action in support of any of the recommendations in the STP until there has been full disclosure of all the background material, including appendices on finance, staffing and estates.

Recommendation 2 We urge the committee to recommend to their colleagues in the five councils that they make it very clear that they cannot support the planned changes in NHS services while social care is so badly under-funded. You should also point out to them that money originally promised for transformation of services is steadily being removed to fund the deficits being incurred by under-funding of the NHS, and will not be available in anything like the original amounts to fund integration between health and social care

Recommendation 3. The committee should demand to see the STP's view of the likely return on investment of the public health interventions planned, to satisfy themselves that these are realistic, in the light of the wider determinants of ill-health that are beyond the control of local government and NHS services.

Recommendation 4 We ask you to urge your colleagues on the five councils to demand that the people of North Central London are not forced to travel further to get access to clinical services that are planned to be 'consolidated'. Accessibility is a key factor in overcoming health inequality. Information should be provided, including any plans to consolidate services to find the remaining £75m of the funding gap.

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Written on behalf of NCL STP-Watch by Prof Sue Richards

Evidence Submission 11 (Pathway):

Pathway is an independent health charity established to transform health services and health outcomes for homeless people and other deeply excluded groups. Homeless people left on the streets will die 30 years younger than average life expectancy. Homelessness is therefore one of the most extreme and profound health inequalities facing British society. The cause of death for most homeless people is a treatable medical condition, therefore the catastrophic mortality levels in the homeless population represent a profound failure of healthcare. Of course treating an individual's health while not improving their housing or social circumstances is a recipe for failure. The way a health system responds to a homeless population is therefore a good test of how integrated services are across health, social care and housing. A good health service response can also reap significant rewards in terms of avoided death and distress for the individual, and avoided societal waste and cost elsewhere in the system.

The boroughs of north central London have high rates of homelessness relative to the England average. It is therefore disappointing to see no mention of any systematic focus on response to the problem in the draft NCP Sustainability and Transformation Plan, particularly given the statutory duties relating to health inequalities that now rest on NHS bodies and local government.

Pathway has developed, tested and evaluated a simple approach to care co-ordination, currently operating in ten hospitals around the country, which started in UCLH. There are several other high quality homeless health services across the NCL area, but they suffer from lack of strategic support, and a lack of integration across borough and service boundaries. The Pathway team approach has been shown to be quality and cost effective for the health system. Pathway has collated evidence in support of a series of other integrated, health-led interventions, that would improve health outcomes for homeless people and adults with multiple complex needs, however the NHS has struggled to respond properly to the problem. There are some high quality homeless health services in the NCL area, but they suffer from lack of strategic support, and a lack of integration across borough and service boundaries. The STP process could help to join up and integrate services for homeless patients, some of the most vulnerable people in society, as an exemplar to how the system works with other complex groups with multiple morbidities. Homeless populations are at very high risk of a range of serious health concerns: TB, Hep C, HIV, COPD, influenza, addictions, mental health problems, traumatic injury, brain injury, and many others. Many of these conditions are priorities for the NHS. It would be good if the STP process recognised this problem.

Statistically the numbers of homeless individuals relative to the general population are small and very often they have multiple overlapping problems, so the health system tends not to bother with them, and individual services often find reasons to exclude them. As a society we seem to accept this systematic failure, extreme health risks and harms, and the consequent loss of life. This is in stark contrast to the amount of resource often devoted to other relatively rare health problems.

Evidence Submission 12 (Camden Borough Council):

The London Borough of Camden submission to the Joint Health and Overview Scrutiny Committee

9th December 2016

This document summarises Camden Council's response to the North Central London (NCL) draft Sustainability and Transformation Plan (STP), submitted to NHS England (NHSE) on 21 October on behalf of health and social care partners in the five NCL boroughs of Camden, Islington, Enfield, Barnet and Haringey. In response to the submission, the Camden Council published the draft STP, and arranged a programme of online consultation and events to engage residents and stakeholders.

The Council acknowledges the challenges outlined in the "case for change" document submitted by NCL in September 2016. This includes decreasing financial resources, alongside increasing and complex demands on services. Camden's Local Care Strategy, co-developed by the CCG and the Council, seeks to consider and address the same challenges at a local level.

However, the Council has a number of serious concerns and reservations about both the process and the current draft of the NCL STP. These are outlined more fully in a report to the December meeting of the London Borough of Camden Cabinet (a copy of which is included as Appendix A), however in summary:

- The STP process has been driven thus far by NHS England, and the document and the engagement of partners reflects this health focus. The Council expects NHS England and NCL STP leadership to seek to engage LB Camden political leadership further in the future development of the STP. The Council wishes to use its experience to support the development of an STP that benefits local residents; however this is contingent on the NCL STP process going forward including an active role and opportunity to shape the STP for the political leadership of the Council.
- The Council expects NHS England and NCL STP leadership to substantively and transparently engage with residents and stakeholders. The Council organised two public meetings on the NCL STP and the majority of attendees raised concerns about the level of engagement and consultation on the plan.
- The NCL STP is consistent with a number of strategic priorities for the Council, including an increasing focus on prevention, mental health, integrated services and moving care into the community. The Council is particularly keen to engage around these priorities on the basis that it is acknowledged that delivering change in these areas will require investment in adult social care and community and preventative services. The Council has expressed concern that the funding challenge for the NHS identified in the STP will mean that the investment required to deliver in these areas has and may not be identified.

- The Council’s engagement in the development of the STP is contingent on the ability of the local authority and the CCG to continue to work together to develop and deliver local plans to improve health and care, consistent with the Local Care Strategy.

The Council’s continued involvement in the development of the STP is contingent on these points being addressed. While there is much in the case for change and the plans which aligns with our strategy (around supporting prevention and combating health inequalities) it is also clear that the STP contains only broad proposals and there is a need for greater clarity about what this will mean in practice for our borough and residents. Camden's position is to engage with the NHS as this process continues, to champion the interests of Camden residents, scrutinise emerging detail alongside our residents and challenge any plan that we consider is not in the interests of our residents.

Appendix A

LONDON BOROUGH OF CAMDEN	**WARDS:** ALL
REPORT TITLE North Central London Sustainability and Transformation Plan (SP/2016/26)	
REPORT OF Cabinet Member for Young People, Adults and Health	
FOR SUBMISSION TO Health and Adults Social Care Scrutiny Committee Cabinet	**DATE** 12th December 2016 14th December 2016

SUMMARY OF REPORT

This report proposes Camden Council's response to the North Central London (NCL) draft Sustainability and Transformation Plan (STP), submitted to NHS England (NHSE) on 21 October on behalf of health and social care partners in the five NCL boroughs of Camden, Islington, Enfield, Barnet and Haringey.

This is the first opportunity that the Cabinet has had to consider the plan because NHSE has not involved Camden's political leadership in its development at any stage. The Cabinet is deeply disappointed about the lack of engagement, both with local politicians and the public. As a result, and against the wishes of NHSE, the Leader of the Council decided to publish the plan and to consult Camden residents on it. After this meeting the Leader of the Council will write to the convenor of the NCL STP to express the Cabinet's disappointment and set out a number of other points about the plan. In summary these are:

- The Council's continued engagement with the plan will be dependent on the active involvement by NHSE and the STP leaders on the future development of the plan with the Council's Leader and Cabinet and with the borough's residents;
- The future development of the plan must include greater transparency, political accountability and open engagement with our residents because we know this is the best way to improve services;
- There are themes in the plan such as increasing the focus on mental health, prevention and the development of integrated community services to support residents closer to home which align well with the Camden Plan and about which the Council could engage;
- However, to deliver these objectives there will need to be major investment in adult social care, other community services and in prevention and the Council has significant concerns that the financial challenge facing the NHS, and particularly the hospitals, will mean that the level of investment will not be forthcoming;
- The Council and Camden Clinical Commissioning Group (CCG) have for some time been developing the Camden Local Care Strategy to take forward improvements in health and care services in the borough. Our engagement with the STP will be contingent on the continued ability of the Council and the CCG to develop integrated health and care services for Camden residents, through the Local Care Strategy

The Council's continued involvement in the development of the STP is contingent on

these points being addressed. While there is much in the case for change and the plans which aligns with our strategy (around supporting prevention and combating health inequalities) it is also clear that the STP contains only broad proposals and there is a need for greater clarity about what this will mean in practice for our borough and residents. Camden's position is to engage with the NHS as this process continues, to champion the interests of Camden residents, scrutinise emerging detail alongside our residents and challenge any plan that we consider is not in the interests of our residents.

Local Government Act 1972 – Access to Information

The following document(s) has been used in the preparation of this report:
Draft NCL Sustainability and Transformation Plan

Contact Officer:
Richard Lewin, Director of Strategic and Joint Commissioning
5 Pancras Square
London, NC1 4AG
Tel: 020 7974 4527
Email: Richard.lewin@camden.gov.uk

WHAT DECISIONS ARE BEING ASKED FOR?

The Health and Adult Social Care Scrutiny Committee is asked to consider the report and forward any comments to the Cabinet.

The Cabinet is asked to:

1 Agree that the Leader of the Council writes to the lead for the NCL STP with the Council's response to the STP based on the comments set out in the report, including the outcome of public engagement meetings; and

2 Authorise officers to continue to engage with the development of the STP to ensure that the proposals contained within it can be developed in the best possible way to benefit Camden residents.

Signed: Date: 5th December 2016

Martin Pratt
Executive Director, Supporting People

1. WHAT IS THIS REPORT ABOUT?

This report is about Camden Council's response to the NCL draft STP, submitted to NHSE on 21 October on behalf of health and social care partners in the five NCL boroughs of Camden, Islington, Enfield, Barnet and Haringey. This is the first opportunity for the Cabinet and residents of Camden to consider the content and implications of the plan.

NHSE requires STPs to be submitted at sub regional level, which in Camden's case means the NCL area. CCGs, health providers and council officers have come together to develop the STP to help ensure that health and care services are built around the needs of local populations, showing how local services will evolve and become sustainable over the next five years. Ultimately the aim is to deliver the NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency. The development of the STP has been led by the Chief Executive of the Royal Free NHS Foundation trust with the active involvement of the main NHS provider trusts across NCL and the chairs and chief officers from the five CCGs. In addition there has been input from senior council officers from the five NCL councils.

The STP sets out a "case for change", describing the health and social care needs of people in NCL, the changes in population and the significant differences in health outcomes between groups of people and location within the NCL area. There are also significant differences in the quality of care that is experienced across NCL. Addressing these factors, against a background of challenging public sector finances, means that public services will be under significant financial pressure over the next five years. The STP explains that the estimated financial gap in relation to health services is £876m in NCL by 2020/21. For social care, the combination of an ageing population, growth in need for services for disabled people and reductions in central government funding also places pressure on social care budgets. The STP estimates that by 2020/21 the combined social care budget gap across NCL will be £308m. Given the scale of these challenges and the complexity, the STP will be challenging to deliver. There is also a question about whether it is possible to make the required shift of investment to prevention and early intervention given the pressures to meet the demands and costs for higher levels of need, particularly in hospitals.

A further factor is the complex health and care system across NCL with three hospitals, three mental health trusts, a number of community health providers, five local authorities and a rich and varied voluntary and community sector (VCS). The case for change highlights that there are some excellent health and care services across NCL that help to meet these challenges. However, these are not consistent, nor are they sufficiently transformational or joined up to meet residents' needs. The STP states that it is intended to act as the catalyst for the development of more integrated services that are focussed on the needs of people rather than on institutions or individual medical conditions.

In considering the STP, the Camden context of health and care services is central. Camden has a strong track record of health and social care joint working and there are many good examples in Camden of integrated arrangements between health and social care which benefit local residents. There are comprehensive and long standing joint commissioning arrangements in place through a section 75 agreement with the CCG. This gives the council responsibility for commissioning a wide range of adults' and children's community health services with a total budget in 2015/16 of £117m. This means that the Council is well placed to lead, with Camden CCG and the health system, the development of integrated health and social care services locally. Integration is further underpinned by the Better Care Fund, delivering important services in the community for Camden residents. Proposals for future commissioning of community health services based on these integrated arrangements are set out later in the report.

The Council and the CCG, with health providers and VCS representatives, are developing the Camden local care strategy to help to take forward integration and service improvement in Camden. There are five key principles in the local care strategy. Care must be accessible, person-centred, coordinated, preventative and effective. The local care strategy has been developed alongside the STP in recognition that some areas of work that need to be taken forward at an NCL level but there will also need to continue to be local solutions that are tailored to meet the needs of people in each CCG/borough area. The interrelationship between the STP and the local care strategy is an important factor to consider in the Council's response to the STP.

2. WHY IS THIS REPORT NECESSARY?

2.1 The STP has been submitted to NHSE and individual bodies have been asked to feed back about the plans. So far the STPs have been subject to no political, public or patient scrutiny. Camden Council decided to publish the plan and consult our residents on what feedback we should give at this stage.

2.2 There are a number of key reasons why it is important for the Council to review the STP, such as the breadth and scale of the potential impact of the STP on Camden's residents, the extent to which it meets the outcomes of the Camden Plan and the possible impact on the Council's own services and resources. It is also an opportunity for the residents of Camden to contribute their views. Two public consultation meetings were held on 16 November and 24 November. The Council also sought responses from the public via the website and two Joint Overview and Scrutiny Meetings will be held on 9 and 14 December. Summaries of the Camden public meetings and on-line responses are set out later in the report and in more detail at Appendix A.

2.3 The scope of the STP means that it could have far reaching implications for

the borough and although the Council does not have responsibility for many of the services covered by the STP, its role as the community leader for Camden makes it essential that the Council (i.e. its elected members) takes a view about the direction it sets out. Its role as a system leader in the Health and Wellbeing Board, chaired by the Leader of the Council, makes it vital that it considers possible changes for all those services that impact on residents' wellbeing. Placing residents and patients at the heart of care and orientating the health and social care system around people rather than organisations is an aspiration that fits well with the overall aspiration in the Camden Plan of being a borough where everyone has a chance to succeed and no-one gets left behind, together with the key outcomes of reducing health inequalities and resilient families. It is also closely aligned to the social care transformation plan, set out in a separate report on the agenda.

2.4 Councils including Camden have a track record of ensuring that money is well spent at a time of significant financial constraint. This includes joining and scaling up functions where it is represents better value for money, for example the joint public health service across Camden and Islington and the shared IT service between Camden, Haringey and Islington. A challenge for the health system is whether a similar level of system improvement can be delivered through the STP for the benefit of residents at a time when the health and care system is under such financial challenge.

2.5 It is important to consider the potential impact of the service transformation proposed in the "health and care closer to home" workstream on demand for adult social care for older people and adults with mental health problems, through any shifting of care from hospitals into the community. The plan acknowledges that social care is a crucial part of the STP. Consideration is being given to how local authorities can work with the workforce leads across NCL to design and develop proposals specifically for social care, including a focus on the sustainability of provider and social care workforces. The role of social workers will be essential to delivering the proposed model for health and care closer to home. The aim is to develop better career pathways and quantify any investment that might be needed in the workforce from a social care point of view e.g. increasing numbers of domiciliary care workers and, drawing on learning from elsewhere, we will quantify the return on investment. Given the financial context, much of the test of the success of the STP will be whether resources can be released, including from the proposed sustainability and transformation funding and from the hospitals, to fund the improvements needed in community services and there is significant concern that the scale of investment needed in social care and community services will not be realised given the financial pressures faced by the hospitals.

3. OPTIONS

3.1 The STP process has been driven by NHSE. A significant focus is on how to address the major challenges in the health system. Given that and the

lack of political engagement so far, one response from the Council could be to distance itself from the process. Alternatively, for all the reasons set out in sections 1 and 2 of the report, the council could use its community and system leadership role to help shape the further development of the STP and its implementation over the coming months and years. In addition, although many of the aspirations in the plan fit well with the Camden Plan and the local care strategy, they are at a very high level. It is proposed that the potential benefit to residents of an improved health and care system are of sufficient significance for the Council to use its role and experience to help to shape the plans as they are developed.

3.2 Therefore, the recommended approach is for the Council to continue to engage with the further development and implementation of the STP to influence and align strategic objectives and the practical details of the implementation and to advocate for the borough's residents, subject to the significant caveats set out in the summary of this report. This needs to be done with the active engagement of the residents of Camden so that their needs are reflected in the process as the STP will impact on their care. The Council wants to continue to work very closely with the CCG and to engage with the public to promote transparency, public engagement and political accountability. We want to ensure that the STP can become a driver for health and social care integration. It should be noted that change is not going to happen quickly and the aim will be to focus on the areas where we can add the most value for Camden residents. This continued engagement with the STP process is contingent on how the plan develops and the Council securing active influence on the future direction of the STP in the interests of Camden's residents.

4 WHAT ARE THE REASONS FOR THE RECOMMENDED DECISIONS?

4.1 In the following section of the report, each of the key areas of impact on Camden of the STP are set out, and how the STP could be developed further with partners across NCL, to improve outcomes for Camden residents. This section is intended to form the basis of the proposed response to the NCL STP partners and to NHSE for their consideration as part of the next phase of the STP process.

5 WHAT ARE THE KEY IMPACTS/RISK AND HOW WILL THEY BE ADDRESSED?

5.1 Public Engagement: This has been a weakness in the STP process to date and is the reason why the Council took the decision to publish the STP as soon as it was submitted to NHS England. The Council's approach to all local service transformation is to involve residents and organisations because their views and input are essential. Criticism of the lack of public engagement was heard strongly at the public meetings and has been made by Healthwatch Camden who wrote to the Leader of the Council and the chair of the CCG on 29 November to say how concerned they are at the level of consultation about the STP.

5.2 Future organisational arrangements: the STP refers to new delivery models. The principle is to look across the system rather than focus on individual organisations. However, there are no concrete proposals about new collaborative arrangements between the main NHS providers and commissioners. It is also not clear about how councils would be involved in these new delivery models. The Council needs to be involved in these discussions because they will have an impact on residents and the services the Council provides directly or on behalf of the CCG. As stated elsewhere in this report it is also vital that patients and the public are involved in developing these plans and decisions about the future of healthcare.

5.3 Commissioning arrangements: the organisational structures for the CCGs in NCL are changing due to work running alongside the STP. Part of the commissioning function, mainly relating to the hospitals, is being transferred to NCL so there will be a single strategic commissioning strategy and financial plan across the area. This means new executive management functions with a single chief officer (known as the "accountable officer") for NCL, rather than one for each of the five CCGs, a chief finance officer and directors of performance and of strategy.

5.4 In order to ensure the continued strength of each CCG for local commissioning and joint work with local authorities, there will be local CCG directors. The CCGs will remain as statutory bodies and more work is needed by NCL to clarify how decision making will work across the five CCGs and NCL. It is also important to continue to develop local commissioning arrangements for services that are best designed and delivered close to communities. The local authority has a key role to play in local commissioning and is well placed to shape the new arrangements given its leadership role and because it is responsible for commissioning services for a significant proportion of Camden CCG's budget under a section 75 arrangement. In considering the future local commissioning arrangements, the Camden CCG governing body, at its meeting on 23 November, approved further discussion with the Council to reinforce the substantial and long-lasting success of joint commissioning and integrated working, recognising that much of the local commissioning work proposed by the CCG in Camden is already delivered through joint commissioning. It also agreed that the creation of a new Executive Director role would be discussed with Local Authority colleagues, as commissioning teams are fully integrated.

5.5 Prevention: a key aim is to make prevention "everyone's business" working in partnership with the NHS to achieve lifestyle changes so that the whole workforce is a "prevention workforce", across the NHS, council, voluntary and community sector. This is a significant aspiration and aligns with the council's strategic priorities. However, it is easier said than done and the council remains sceptical that the requisite resources will be put behind a holistic prevention agenda that really delivers results – namely ensuring that Camden's residents have the best opportunities to live health lives and stay healthy. Priorities in the plan include tackling some of the major risk factors for poor health such as smoking and obesity, as well as ensuring health professionals in the NHS use every opportunity to promote healthy lifestyles and good mental health. There remains, however, an inadequate

upstream focus on keeping people well in the first place because of the financial imperative to deliver savings in the shorter term. It is important for the council to continue to press the NCL STP process about the importance of prevention as the plans develop, and to make the case that a systematic and radical upgrade in prevention will require a greater proportion of health system spend to be directed towards prevention.

5.6 Health and care closer to home: this is an area of fundamental importance to Camden residents and offers potential benefits provided funding is made available. For example, there is a commitment to extended access in primary care, 24/7 access to specialists in primary care, greater use of technology e.g. telephone triage, virtual consultations and online booking systems planned for all patients. Consultations with Camden parents as part of the resilient families work suggest that these developments would be popular. The proposals for neighbourhood hubs with a range of integrated health, social care and VCS services working together to support residents in their communities also fits well with the local care strategy and the development of the overarching principles for adult social care in Camden. It is of central importance to the STP that more people are able to be supported at home and in community settings with fewer people needing hospital treatment. This is generally what people want and is typically less expensive than A&E, outpatient or inpatient treatment. A major strand of the local care strategy is also to develop more integrated local provision to support residents better in the community and in their homes. Elsewhere on the agenda, the Cabinet is being asked to approve proposals for supporting people in the community. At the February Cabinet, officers will be proposing a new model of support for people at home, intended to better integrate home care, district nursing and other health and VCS provision to improve the care of residents.

5.7 Although there is consensus that these community models are the right thing to do, they cannot be realised without investment in local health and care services, including GP, community health and social care provision. Much of the potential success of the STP depends on whether the proposed additional funding from the sustainability and transformation fund and the transfer of resources from hospitals to community provision will sufficiently enable community based services to provide more support for residents. This issue has not yet been sufficiently addressed in the STP. There are concerns that the financial challenges faced by hospitals could be of such magnitude that any additional resources in 2017/18 and future years intended for investment in health and care could be needed to support hospitals.

5.8 Mental health: improving mental health services in NCL is a key priority in the STP. It is generally recognised that services have historically seen a relative lack of investment compared to physical health and to reflect the government's policy of "parity of esteem" between mental and physical health. The STP sets out a clear framework around adult mental health. There are areas such as mental health liaison where it makes sense to work together across NCL as these hospital services cover populations

from multiple boroughs. The quality of mental health liaison is currently inconsistent. The plan to develop a female psychiatric intensive care unit is helpful as there is currently no provision in NCL and generally women are placed out of London often in expensive private beds.

5.9 The plans in the local care strategy for adult mental health are closely aligned with the plans in the STP. They include an on-going focus on prevention and early intervention, developing the existing community resilience work. There are plans for further linking between providers and embedding the VCS to ensure that residents' needs are central and offer a more seamless pathway of support across different levels of need. Primary care is an area that requires significant development to better meet adult mental health needs. The STP sets helpful expectations but this needs to be tailored to local needs. Plans include mental health specialist support around clusters of GPs so more needs are met in general practice and easier, swifter access to specialist advice. For those with life-long mental health needs, there must be a greater focus on meeting physical health needs. In the area of adult mental health, Camden is leading the way on community resilience work and this is a key area of the local care strategy. We invest more in prevention and supporting people to live well than many other areas.

5.10 Planned care: there are opportunities in the STP to improve the quality and cost of planned care for NCL, including reducing variation in the length of stay in hospital and the number of outpatient appointments received by patients with similar needs. The STP focuses on the example of orthopaedics (eg knee and hip replacements) and sets out plans to make sure people have access to the right expertise from their first appointment in primary care and offer one-stop services so that people do not need to attend multiple outpatient appointments before their procedure and that there efficient systems to minimise unnecessary time in hospital. Cancer is another key area of work with plans to save more lives and improve patient experience with the aim of achieving earlier cancer diagnosis and the adoption of recognised best practice pathways.

5.11 Children and young people: there are eight jointly agreed priorities about improving child and adolescent mental health where there will be benefits for Camden children and young people by developing an NCL approach, subject to the Council's concerns about engagement and funding being met. They include plans to improve the capacity and quality of eating disorder services by establishing dedicated eating disorder teams in line with the national standards and important improvements in perinatal mental health services. Camden already has highly integrated services for children with special educational needs and children and young people with mental health problems. We have an innovative partnership and integrated delivery model for children with special educational needs and disabilities with four NHS trusts and the council working together to achieve good outcomes for children. This is a model that other areas in NCL may wish to consider. We also have integrated child and adolescent mental health services with a single point of access, a clear offer of support to schools

and GPs and a range of specialist interventions where needed.

5.12 Other key proposals: there are some specific implications for Camden residents in the STP. For example there is a proposal to move Moorfields eye hospital to St Pancras at some stage in the future. It is not yet clear what impact this would have on the services operated by the Camden and Islington Foundation Mental Health Trust or the Central North West London Trust.

5.13 Whilst the STP sets out the strategic framework, standards and expectations, a substantial amount of the proposals and plans need to be delivered locally in each borough along with other locally determined priorities that reflect the needs of the population. In Camden there are already emerging local implementation plans which are being developed in the Camden local care strategy with a focus on three key populations, adults, mental health and children.

5.14 Governance: governance arrangements for the new "system" are not yet clear and there has been limited political involvement to date The NHS system is very different from the local government system. If it is to be a truly integrated system in the future, then joint governance and decision making is needed to ensure the accountability of any new arrangements through oversight by elected members of the statutory responsibilities of the local authority that could be part of an integrated system. The health and wellbeing board should also have an important role in any future governance arrangement.

6. WHAT ACTIONS WILL BE TAKEN AND WHEN FOLLOWING THE DECISION AND HOW WILL THIS BE MONITORED?

6.1 Following the Cabinet meeting the Leader of the Council will write to the convenor of the NCL STP. The letter will convey that the Council's continued involvement with the plan will be dependent on the active engagement by NHSE and the STP leaders on the future development of the plan with the Council's political administration and with the borough's residents. Some areas of the plan such as prevention and the development of integrated community services to support residents closer to home align well with the Camden Plan but there will need to be significant investment in adult social care and other community services to achieve these objectives. The Council has concerns that the financial challenge facing the NHS will mean that the required investment will not be made. The Council's engagement with the STP will be contingent on the continued ability of the Council and the CCG to develop integrated health and care services for Camden residents, through the Local Care Strategy.

7. LINKS TO THE CAMDEN PLAN OBJECTIVES

7.1 Links to Camden Plan outcomes include developing new solutions with partners to reduce health inequalities, providing democratic and strategic

leadership fit for changing times, delivering value for money services by getting it 'right first time', personalisation and resilient families. A key test will be the extent to which the STP continues to reflect Camden Plan priorities as it develops.

8. CONSULTATION

8.1 The Council organised two public meetings to gather views of residents, and an online survey. A summary of the discussion at the first and second public meeting is attached in Appendix 1, and a summary of the 17 responses made online. The online responses were generally critical of the STP and felt it was a plan for cuts. Both public meetings involved attendees gaining further understanding and clarification about the STP. Many participants at both meetings and in online responses expressed the view that there had been no proper engagement on the Plan or its implications, that the plans had insufficient publicity, and that accessible language about the proposals had not been used and that resident and the user voice were needed to make proposals work. Recommendations were made for engagement with a range of stakeholders to engage on the detail. Attendees and those that responded on line wanted more practical and specific details on some of the themes of the STP, including the assumptions and modelling that lay behind decisions in the Plan and indicated that parts of it were vague. Concerns were expressed in both meetings and clearly made online that cuts to services would happen, in views of deficits and savings and existing pressures on services. Views expressed that there was little to disagree in the plan, and that it was how the proposals would be implemented that was important, and that the proposals needed funding. Comments were made about how the STP would ensure quality of service across the areas; the need to consider the impact of the physical environment; that integration across services is a challenging to achieve; that approaches to workforce planning agency spend needs priority. Views were expressed that the Council should reject the plan, whilst others views recommended the need to continue to engage and consider specific proposals on a case by case basis.

9. LEGAL IMPLICATIONS (comments from the Borough Solicitor)

9.1 Under the NHS Planning Guidance December 2015 every health and care system must produce a STP It must cover a five year period, and must state how local services will develop in order to be sustainable, and deliver the five year vision. It should include the views of the Local Authority, commissioners, providers and the local community; cover all areas of CCG and NHS England services, including specialised services and primary care and detail better integration with the local authority services;

10. RESOURCE IMPLICATIONS (Finance comments of the Executive Director Corporate Services)

10.1 If the plans are to be developed further, there is an expectation that Camden Council officers will be involved. This is a new strand of work and

creates an additional financial and staffing pressure at a time when council budgets are being cut significantly.

10.2 The North Central London (NCL) Sustainability and Transformation Plan (STP) is an NHS England programme with the objective of bringing the NHS back into financial balance by 2020/21. Across the NHS, in NCL there is an estimated financial gap of £876m by 2020/21 if no action is taken. The equivalent estimated gap on social care and public health finances for the 5 local authorities in NCL would be circa £308m by 2020/21. However the different legal framework and operating model of local government compared to the NHS will ensure that the Local Authorities will develop medium term financial plans to ensure a balanced budget. The draft STP seeks to close the NHS financial gap through a series of work streams which include a focus on prevention activity (much of which is funded by Councils via public health) and Care Closer to Home – which focuses on supporting people in setting other than in acute hospitals and minimising time spent in hospitals. The model of Care Closer to Home, which reduces expensive acute hospital costs, has the potential to cause a significant cost pressure for adult social care and other community based providers. The impact of the STP on the social care system has not yet been fully explored as the focus of the work to date has been on the impact on the NHS system. It is unlikely that the STP will meet its quality or financial targets without the transfer of cash from the acute sector to community based support, including social care.

Appendix A

Summary notes of Council public meetings in relation to the NCL Sustainability and Transformation Plan

Meeting 1

- Prevention investment takes time. There are chronic diseases that exist now and there has to be maintenance and support for people that need care. It is good to plan for the future and for healthier lives but some residents now are not healthy and need care and services.

- It is an admirable hope to try and improve health over the 5 year period but these outcomes won't be achieved in 5 years. Concern and suspicion that cuts to services are wrapped up in the plans.

- The document indicates that it is based on what local people have said, but unclear if any consultation has actually happened. Explanation: that the development of the plan has included some of the proposals from local plans that have had engagement and consultation on, but that process has been a fairly closed process.

- What do local integrated services look like? Integrated services is quite an abstract term, would be helpful to understand what this means in practical terms. Explanation: integrated care means expansion of primary care to 7 days, and more accessible services closer to home, and examples of multi-disciplinary teams in Camden that support person centred care. It was indicated that funding is required to support delivery of this.

- How will funding work to make these things possible? Explanation: some of this is currently unclear, but funding will be available from the STP process, which may enable some ability to dual running of systems.

- Concern that Local authority budgets have been cut by 50% since 2010, why are the NHS delegating these reductions to Local government?

- Consultation across the 5 Boroughs – how will this work and be managed? Explanation: the Council is asking for engagement with North Central London on the plan as a whole. Cllr Gould is meeting with and liaising with colleagues in other boroughs to talk about how to work together.

- Need for participation as a whole, there is need for an overarching engagement plan, so that residents can see how to feed in detail over the 3 years.

- STP indicates that there will be consultation, but no overarching engagement plan exists yet.

- Patient and involvement groups supported for each GP practice, and that it is important for people to support their own care, and that one of the patient groups for the local GP practices is having a special meeting on the STP.

- What are the timescales for implementation? Explanation: Some of this is currently unclear, and involve a process of NHS England supporting refinement of plans over the 5 years. Some funding is expected to be made available from April 2017. Some changes are being made to commissioning of services but plans to changes services have not been set out in detail yet.

- Will the CCG's be centralised? Explanation: Some functions will be central some local. What is the purpose of this? To improve outcomes and to reduce costs.

- What is the purpose of the STP? Explanation: to improve outcomes and reduce costs. NHS has to change constantly it is right as part of that conversation to ask what level should things be delivered at for stroke care improved by concentrating it in 2 hospitals, survival rates shot up. It is important to understand how health outcomes are supported by the best services, conversations around location of concentrations of specialisms, but also at local level via local groups ensuring people are registered.

- What changes to services will flow from the STP? Explanation: The productivity section in the plan suggests some areas about how hospitals might work together.

- Will there be a quarterly flyer or info? There needs to be a sustained drive for engagement before it is too late. Suggestion that resident email the STP.

- When is the actual plan submitted? Explanation: Plan has been submitted to NHS England, the plan will be evaluated and there will be a process of feedback to each area as to whether the plan meets the tests set by NHS England. Further detailed plans would follow, but timescales are not clear on these.

- There is no detail to comment on, nothing tells us what will change or how services will work together. It is helpful to have a discussion and meeting but appears there is nothing substantive to comment on. There is an expectation that there would be a formal programme of engagement to gather views.

- Who has been involved in deciding the STP? Explanation: Has had officer involvement. There have been groups of staff involved from each of the CCGs and Local Authorities, and then the plan was signed off by a smaller group of people. But is not Council policy until politicians have signed off policy.

Meeting 2

- Opening comments from Healthwatch. They have one representative sitting on the STP group. We need to be clear that it is not local NHS organisations that have been blocking publication or involvement, this is a national issue. There is frustration as there has been no opportunity to engage people on how it is shaped. Clear that the NHS won't get the proposals right unless people are involved from the start. Clear that some parts of the work pre-date the STP, for example the urgent care strategy. The work around that strategy is looking at doing proper engagement. Need to talk to people about new ways, how it would work for them. Healthwatch representatives around the table do not represent enough involvement of the public.

- How will we ensure engagement? Concern that only a relatively small number of residents at this meeting. Response: Clear that engagement needs resources - publicity, facilitation. Has been discussing with urgent care programme do it in settings where people are – community groups.

- There is concern that integration is good idea but not doing in right way, better to get grass roots engagement from the start. Feels like a top down process not bottom up. And do not have enough resources now so how will we manage? Response: Camden Local Care Strategy follows a bottom up approach. Some of the work is looking at neighbouring teams and integrating, and the process will involve co-creation over next 6 months. A key message from the Council is to not stop us doing what we are doing well now around integration, and ensure there is local control over the process rather than something that is imposed.

- Integration is difficult. ICT systems don't talk to each other and hospitals don't talk to GPs. There is infrastructure needed and resources needed to make integration work. Response: Council and CCG jointly commission approximately £100m. There is lots of integration between primary care and adult social care. In Camden some of the best ways are through multi-disciplinary team meetings –for example in hospitals, mental health services. Agreement that there are challenges but progress is being made.

- Has much thought been given in the STP about the role of physical environment and housing? Access to homes: do we have enough accessible houses for the future, dropped kerbs, slippy leaves cause falls, need to project ahead and think bigger than health and social care

services. Response: ASC services are thinking about support for group of people, investing in extra care housing. Also working with dementia alliance on shops, transport and accessibility to support the right support for better aging and wanting to take this further. This should be an important part of the new Camden Plan to support an age friendly borough

- Concerns that NHS should look to make savings by not paying private sector health providers who making profits on healthcare in London. Also concern that NHS trusts are costly - each one has large back office functions. They also have huge overhead costs of internal market and commissioning. Concerns that mental health emergency services at Royal Free are going to disappear yet STP says will improve, because the hospital trust is facing budget crisis. Response: some of this is about joining up back office functions, plus opportunities to look at the transactions costs in system, commissioning and provider split, trying to take out of costs from system and redirect to patient care.

- Considering the diversity and different demography across the NCL how will quality be guaranteed across NCL? Response: each borough will have different priorities and needs. The STP is not seeking to negate ability to understand and respond to local needs, but make the most of opportunities to improve quality and work together to create more standardised pathways of care

- Serious concern that the STP will lead to cut to services, in view of the deficits faces, and national cuts to the NHS. Concerns that there will be more closures and unification of hospitals which cannot bear the weight of demand. Government already spent money on NHS market, and PFI. View that the Council should defy the transformation and not support it.

- The plan does not describe how savings will be achieved. In the area of prevention, how do you quantify some of the proposals in the Plan and how they will be dealt with? Residents need to understand when they we will see the detail, and get to a point where they can engage in more comprehensive and informed way. The plan is vague, and residents need to understand and see the assumptions that are being made about proposals. Response: that in relation to prevention areas there is very specific and detailed modelling work that has been done about approaches to prevention, the investment needed, modelling and health benefits. Officers bring evidence to bear in decisions, including looking at best practice elsewhere, seeking hard evidence that enables models to be developed with confidence. Council will seek to ensure that modelling and assumptions are made public

- Concern that it is not realistic that public health improvements will come in the time period. Concern that workforce planning for NHS is not done properly. There are shortages of GPs, and some jobs will be demoted. Clear that ASC has lost £300million. There is nothing to object to in this

plan. Council should not say that it is not signing up to the Plan but will work with the NHS and on the practical points there needs to be public consultation and at those points the Council should determine if it agrees. It would be wrong for LBC to agree prior to that detail.

- Agreement that it is motherhood and apple pie particularly around prevention, care in community. How is this done is crucial, needs investment, and working in different ways

- There is a national funding available which will have access to by developing plans. Unclear how much investment NCL will receive, but nationally it is £1.9billion. STP is vehicle to access it.

- The Council response needs to take into account the need for investment in the voluntary and community sector. The sector cannot help unless it receives investment. The sector is being cut. To be a partner will take investment and stability.

- Need a modern approach and mobilise organisations so consultation and engagement is effective. User friendly and accessible language should be used it is understandable and speaks to people, so that they know it is important. Need to hear about user experience and ensure it is built in.

- Concern that there has been a plan to burying these plans, e.g. do not hear about it in the press.

- How much does council get to look at workforce practices in NHS? Concern that doctors retire at 60 then come back as agency doctors and that there are huge agency costs in the NHS. How is workforce impacted by housing bill changes? 12 hour days for staff if commuting in, massive workforce issues around NHS which needs a re-think. Response: significant workstream in the plan about the workforce, acknowledgement of those issues, recruitment and retention, use of agency, ideas coming through e.g. bank across NCL to enable movement across organisations.

- There are also changes nationally to stop some of the practices. Health and social care also thinking about how to attract staff and be able to live close to work.

Appendix B

Summary of online consultation responses

- There were 17 responses to the online consultation, though some responses were blank. A summary of key points in the online responses are set out below.

- 8 respondents clearly indicated that the Council should reject the plan. More broadly concern was expressed that the document was too long, unreadable and inaccessible, and that it had not been sufficiently explained to be able for residents to have an informed response. Some respondents indicated that it left to many questions unanswered, and had little benefit and was a vehicle to get the Council to sign up to reductions in services, or a tool to support privatisation of the NHS, and that the government was shifting responsibility for cut back to local bodies, and that these should bodies should push back the responsibility.

- Respondents also expressed that the plan were poor and would do nothing to help the NHS. Some respondent felt that the proposals were sensible and that they were desired improvements, but when seen in the context of the financial challenge that the plan represented a plan for cuts in services.

- Concern was expressed at the impact on social care and that the plan would not help the strain social care is under, and how services would cope with increasing social care demand with an ageing population.

- The need for mass meetings with a range of stakeholders was felt important to support consultation, including with patients and residents, the labour party, trade unions representatives from all London Boroughs and national panels on television.

- A series of questions were included in the responses including: what were the proposals on workforces, what the estate strategy would represent, how results from public health can be expected when improvements take years. There were also questions about where the capital and revenue funding would come from in the context of proposed reductions. The suggestion was made that local authorities have power over the NHS through health and wellbeing board and should reject the STP.

- One respondent provided a lengthy response expressing that the plans did not amount to a consultation but instructions, and that benefits from improved planning, more co-ordination and less duplication would be used to make savings. The response also indicated that interest behind the STP were corporate and financial, that the Council leadership should reject the plan, and engage with the Keep the NHS public movement, as well as the momentum movement.

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