

## **Healthwatch City of London Report on Health and Social Care Integration event 24 February 2017**

Healthwatch City of London in partnership with the City of London Corporation held a workshop on the North East London Sustainability Plan and its possible impact on residents and workers within the City followed by a discussion around Integrated Care in the City.

### **Presentation from Ian Tomkins, Director of Communications & Engagement, East London Health and Care Partnership on the North East London Sustainability Plan.**

The presentation is attached.

#### **Main points included**

An overview of the North East London Sustainability Plan area, known as the 'footprint'.

The plan sets out how the ambitions of the NHS Five Year Forward View will be turned into reality e.g. to sustain services and transform the delivery of health and care, to redesign services in the community to moderate demand for hospital care and to improve quality. It builds on the local transformation programmes and supports their implementation. The transformation programmes will help deliver the ambitions of the STP.

Delivering the NEL Sustainability Transformation Plan (STP)

Savings will be found and gaps in services reduced by: delivering individual organisations' savings programmes, working together, working with local people to co design new services, and accessing funding from the national Sustainability and Transformation Fund.

More than a plan, it's a partnership. STPs have been criticised as being NHS centric and shrouded in secrecy. They have become a toxic brand. Our approach is to be a partnership working together transparently on organisational development improving outcomes for local people.

The Community Network is a subgroup of the East London Health & Care Partnership which is the name for the STP partnership. Its purpose is to give key partners and stakeholders, community (patient and public involvement groups) and the VCSE sector a voice in helping to shape and develop the strategies and activities of the Partnership and decisions taken by the board.

The goal of the STP partnership is to help the people of East London live happy, healthy and independent lives. Our values include: East London, caring about people, being respectful, taking responsibility and spending wisely.

Questions asked and answers:

- 1) Which hospitals in the footprint are in special measures?

We don't have the full list but the ones we know are Barts, specifically Whipps Cross although good progress has been made at Whipps Cross.

- 2) How will the STP work in conjunction with the recent CQC reports?

Everyone was assured the STP will aim at better outcomes; the STP is there to look at long term improvement to outcomes. CQC performance will always go up and down but the STP looks at how pitfalls can be avoided in order to deliver a better service. The CQC is looking at improvement and how things will progress over time. We are looking at the longer term and at a long term improvement.

- 3) Where does air quality fit into this in terms of prevention and the wider equation?

The Mayor of London is very concerned about air quality and is developing a new strategy. There is a lot of work being done in the City of London to address this.

- 4) Concerns were raised about privatisation

If companies are happy to pay for things like flu jabs then that is fine, it saves us doing it. We don't want private companies taking over service provision but we do need support which is not privatisation.

- 5) Is it obligatory for the CCGs to sign up? Who funds the East London Health Care Partnership?

The Kings Fund have looked at all STP plans. This is one of the biggest and has the most issues – there is more in the mix and savings are already being made. All those in the partnership pay for the East London Health Partnership.

- 6) I'm a local resident who has been using services for 20 years and services have deteriorated. Living expenses are too high and buildings are being sold for large amounts but social housing is not being built. Authorities need more power to use the buildings for key workers.

The partnership will lobby to retain the money for key worker accommodation – keyworkers include the police, fire brigade, NHS and social workers. Local authorities are in essence becoming property developers and will be looking at lower cost housing.

## Discussion session 1

As you have just heard the North East London Sustainability & Transformation Plan aims to support the transformation of health and care services in east London. How can Healthwatch and the public influence the plan to ensure we receive the best services for our population?

- As they currently are, the structures are designed to not allow patients to influence decisions
- Everything is too NHS focussed
- The STP Is not accountable
- There is variation between local Healthwatch and Public and Patient Involvement approaches
- Local authority work needs to be integrated into the plans and use local accountability
- Engage local councillors and MPs

- Overview and scrutiny should be locally accountable
- Anything done at STP level must be relevant to local people
- Strategic planning
- We need to understand co-terminosity (local authority), primary care, community and voluntary bodies)
- Using Healthwatch to truly get the views of patients
- Looking at models of care that have been successful such as stroke units.
- Help us understand it all
- What does it mean for the patient? How will patient experience change or improve for me?
- Lobby the government to have a fairer tax system and prevent tax avoidance
- All the services should be integrated together with devolution to the Mayor of London as per Manchester.
- We are a soft touch, too much bed blocking and people not turning up to appointments.
- There needs to be more information on the Internet.
- People are asking for handouts and there needs to be a cut off point. Merge more of the health groups and have fewer committees.
- We need to be able to address: structural problems, workload planning, mental health and children's services, looking at hospitals and where there should be larger or smaller hospitals, integrating NHS and local authority funding.
- There is not enough detail
- Make sure that money is not taken from other systems to pay for Barts.

Multiple comments were made of the language being somewhat obscure and that all the discussions around structure are not as relevant to residents as would be a walk-through of actual proposed or hypothesised service and pathway changes.

Questions were raised around "where is digital and innovation?"

Is anything missing that you would want to include?

- Mental health and council involvement on mental health
- Rough sleepers health needs
- Links with the Islington plans
- Workers health and local support near their work place
- Young persons mental health
- Activities for older people particularly in Waltham Forest.
- What about rehabilitation beds?
- More consideration of the impact for self funders.
- How will this reduce the delay of discharge?
- For different pathways and conditions. How will things change?
- Clarity about finances, we need honesty about savings targets and social care costs and funding.

**Presentation on Integrated Care, Ellie Ward, Integration Programme Manager, City of London Corporation and David Maher, Deputy Chief Officer & Programme Director, City and Hackney CCG**

Presentation attached. Main points included:

The Locality plan - addressing local issues and saying how this will contribute to the ambitions of the STP.

The Hackney devolution plan - City of London are not part of the devo plan but this also includes proposals such as integrated commissioning which are useful for City to consider. What does Integrated Commissioning mean? This is based on the pooling of health, social care and public health funding into one budget. There are separate pooled budgets for Hackney and City of London Corporation.

Integrated Commissioning benefits – making the most of shared resources, focussing on City of London needs.

Who makes the decisions? – The Integrated Commissioning Board.

Patient and Service User involvement

Next steps

### Questions and answers:

- 1) What financial contributions do private surgeons make?

The system of contributions isn't the same as it used to be.

We need to look at how we can be more proactive and use resources more widely.

- 2) How else can we book a GP appointment?

GPs aren't commissioned by the CCG at the moment although we are in discussions with NHS England and when that happens we will have more control over appointments. We have 1 GP to every 1,700 people which is a fairly high ratio of GPs per person as other boroughs have 1 GP to every 2,700 patients. Having a pharmacist in the GP practice makes it a better experience for patients. A GP with a pharmacy can see 12 more patients a day.

- 3) There is a joint dementia strategy for City & Hackney but what about older people that don't have dementia? What is there for them? There is a work stream for younger people but where is the one for older people?

There are a number of work streams for all areas. Older people are a priority they are just not given a specific title in the strategies; older people come under the three work streams.

- 4) What percentage of spend of local authority funding will fall into integrated commissioning?

All CCG budget will go into integration apart from that which cannot be funded – there is £300 million for Hackney and £60 million for the City. This is just another step in integrating systems. We requested £300,000 to assist with integration but never received this.

- 5) How bureaucratic is it all? Couldn't some of the cost for this go back into patient care?

STP has resource issues, we are a very small team using existing resources and identifying where there are opportunities. The ideas behind the bureaucracy are very good.

- 6) Is prevention a major priority? e.g. dentistry and prevention of pollution? Mental health issues are being created by pollution issues and straining resources.

Prevention is a priority. Pharmacy services can be publicised better, e.g. you can have a flu jab at the pharmacy instead of at the doctors.

- Comment - please don't leave it too late to bring in other partners as services are provided all over London and we need to link up.
- Comment - older people shouldn't be treated at the expense of younger people. We are too compliant and colluding in a mantra that if we make efficiencies everything will be right. Don't bleed blood where it cannot be bled further. Patients shouldn't have to feel grateful. We need to feed in patient experience but don't gloss over it all. Promote constructive communication and don't lessen real patient engagement.

We will challenge where we need to. This is an opportunity to pick up integration and devolution will hand greater control to localities. We need to talk in an open way about how to support people giving these services.

## Discussion session 2

### Discussion on Integrated Care focussing on how it will be of benefit to patients and carers

#### Pharmacies

- Pharmacists charge a lot for medicine. Will we go to the pharmacy for urgent care and routine?
- There are issues of going into a pharmacy in a busy shop and talking about a personal problem, it's not very private.

#### Self care, referral and communities

- Raising awareness of individual responsibilities to health – diet, smoking, alcohol, behaviours and exercise.
- More people involved in wellbeing for seniors. Volunteers are inexperienced
- There needs to be a group in the plans for older people and adults as well as children and young people.
- For physio therapists and podiatrist you can now refer yourself rather than go through the GP. But how do you refer yourself? We need to promote these services.
- Communities could do more to look after one another such as residents groups.
- Informal support networks are required with mentors to guide.
- Training should be offered on advocacy through diverse groups
- Not all problems are medical; there are also environment and housing issues and care needs. We need reablement and emotional and practical support.
- "Compassionate Neighbour" schemes.
- Get the NHS to tap into voluntary sector services that can deliver prevention. There is often a disconnect between NHS and offers in the community

#### Communication

- Seamless path from service to service
- Improved hospital discharge

- Patients don't care about commissioning they just want a good service
- There is an obvious lack of information about drugs and a gap between City and Hackney locations where people can deal drugs and it is not policed. Can police take more responsibility for drug users?
- Pollution increases asthma and that should be part of all four work streams
- Following complaints about rude receptionists, can we book online?
- Better messaging needed about funding and eligibilities

#### Resources

- The number of patients is skewed by workers.
- There is also a need to roll out the social prescribing service to all GP practices as their main role is to bring awareness to different communities. GPs spend one fifth of their time on social health wellbeing so an increase in social prescribing is needed.
- NHS to take over local hotels to reduce bed blocking
- Nurse led practitioners to help older people with their issues.
- Convalescence homes
- Capitalising on empty estates, there should be an interim discharge facility
- Access to artificial defibrillators
- Better support and resources for home carers
- Better economies of scale

#### Pathways and structures

- Where is the accountability? Where is the governance of local commissioners?
- There is some experience of the system working well already
- Tower Hamlets CCG needs to be involved at the start and should be used as an example of good practice.
- Will there be postcode variation in service provision across City & Hackney, it may reduce variation and unify any means testing
- Standardising communication and quality indicators
- Alignment of systems and coordination
- Less waste and better use of existing resources
- Supporting greater emphasis on self care, preventing and use of community resources
- Expanding and maintaining social networks and reducing social isolation
- Improve support for people with mental health problems

#### Conclusion and next steps

Further engagement is needed to establish how Healthwatch and the patient voice will continue to influence and shape the STPs and integration of services. Concerns from the public on what the changes will actually mean to patients and their experience of the NHS remain and this should be an ongoing dialogue.

The questions and comments will be fed back into the overall STP plan. This report will be distributed and put on the Healthwatch website.



