Report: What Future Our NHS?

Public meeting on changing the health and care system in Hackney and City of London

6 March 2018, 6-8pm

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Introduction

Healthwatch Hackney and Healthwatch City organised a public meeting on 6 March 2018 so residents could find out about the changing local health and care system. It was an opportunity for people to ask questions, raise concerns and give feedback to local NHS and local authority leaders. The meeting was attended by 70 Hackney and City residents, and health and care workers.

The aim of the event was to:

- Enable residents to learn more about the Hackney and City Integrated Commissioning programme and how it affects them.
- Enable residents to find out about how local plans relate to national and north east London-level changes.
- Give the public a chance to question local leaders and hear responses to concerns.
- Produce a report based on residents' feedback and pass this to the Hackney and City Integrated Commissioning Boards and Transformation Board, to take on-board in their future plans.
- Set a precedent for regular open dialogue on local changes between health and care leaders, managers and residents.

Speakers:

- Jonathan McShane, member for health, social care & devolution, Hackney Council
- Randall Anderson, member, City of London Corporation
- David Maher, acting managing director, City and Hackney clinical commissioning group (CCG)
- Dr Mark Rickets, incoming chair, City and Hackney CCG
- Dr Nick Mann, local GP and Hackney Keep Our NHS Public (KONP) representative

Jane Milligan, accountable officer for the NHS North East London Commissioning Alliance (includes City and Hackney CCG) and senior responsible officer for the North East London Sustainability and Transformation Partnership (STP), was invited but was unable to attend due to illness. Her representative present was STP Chief Financial Officer.

The event was chaired by Healthwatch Hackney chair Paul Fleming. It was held at Amnesty International UK near Shoreditch High Street to ensure accessibility for Hackney and City residents. The meeting was funded through the engagement enabler workstream of the integrated commissioning programme which is coordinated by Healthwatch Hackney.

Local Healthwatch are independent health and care watchdogs. Our role is to ensure the voices of local people on health and care services are heard and can influence decision makers.

Themes

Local integration of health and care was generally seen as a positive step that could improve clinical outcomes and join-up services around people.

Public feedback:

- Concern about funding pressures on the local NHS and local authorities, and that integration won't save money.
- Concern about need for north east London STP to deliver £578 million savings by 2020/21. Concern about where the savings would come from and City and Hackney having to prop up other areas.
- Need to maintain local control of health and care. Concern about decisions made and services commissioned at north East London level.
- Buildings and estates shouldn't being sold off for short-term gain as may be needed later.
- People should be able to continue accessing hospital (including A&E), GP and homecare services locally.
- Importance of parity of esteem between physical and mental health.
- City residents need more choice of GPs.
- Self-care should not replace direct care where it is needed.

Speakers committed to:

- Working together and moving towards being an integrated care system. There are no plans to merge into one accountable care organisation or for system-wide privatisation.
- Consulting and engaging with residents including through co-production.
- Developing a neighbourhoods model of care that will give people the option to be treated more in the community.
- Making the most of the City and Hackney pound.
- Continuing to commission services locally where it makes sense e.g. Homerton hospital A&E. Some things will be looked at north east London level where sensible.

What we know about integration locally

Health and social care organisations in Hackney and the City of London have started working together more to try to improve residents' health and wellbeing.

The local organisations that commission (plan and buy) health, social care and public health want to join-up and integrate these services more around people. Integrated commissioning between NHS City and Hackney Clinical Commissioning Group (CCG), Hackney Council (LBH) and City of London Corporation (COLC) started on 1 April 2017.

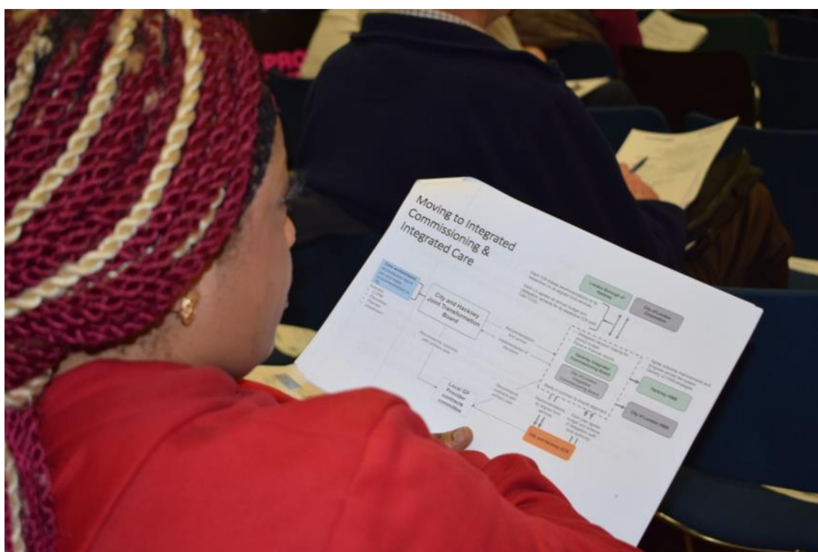
A City integrated commissioning board and a Hackney integrated commissioning board have been meeting to agree joint decisions between the NHS and the local authority for each borough. Each board is made-up of local councillors and local CCG leaders and meets publicly. The commissioners are also working more closely with organisations providing services such as Homerton hospital, East London Foundation Trust and the voluntary and community sector. All the main local health and care organisations come together on a transformation board (which does not meet publicly) where they discuss improving services.

Four new groups called care workstreams are looking at joining up services in specific care areas to better meet local need. They are Unplanned Care, Planned Care, Prevention, and Children, Young People and Maternity.

Involving patients and residents more in health and care services is central to this new way of working. Public and patient representatives sit on all the care workstreams to represent local people. The organisations have signed up to a Co-production Charter. Co-production means designing services in equal partnership with the people who use them to create better services.

Healthwatch Hackney and Healthwatch City are involved in the programme to ensure the voices of local people are heard, but do not endorse these plans.

Find out more and read a Q&A on the Healthwatch Hackney website.



What we know about integration nationally

NHS England wants to move to a more integrated health system. Integration means NHS organisations working together more and joining up services to meet the population's needs. It can also involve the NHS working more with local authorities that are responsible for social care and public health.

NHS England hopes integrated care will save money and improve health outcomes. NHS funding has been under pressure at the same time as the population's health needs have increased. Local authority budgets have also been cut year on year.

There are a number of ways to integrate care.

Sustainability and transformation plans or partnerships (STPs): In 2015, NHS England told 44 areas across the country to develop a plan to improve health outcomes and meet financial targets. Each area involves NHS organisations working together more. City and Hackney is part of the north east London STP (also called East London Health and Care Partnership). The area has to find £578million of savings by 2020/21. The draft local plan is available here.

Integrated care systems (ICSs): Involve the NHS and local councils working together on health, social care and public health. These are also called accountable care systems (ACSs). There are 10 ICSs in England including Dorset, Greater Manchester and Nottinghamshire. City and Hackney is working to become an ICS.

Accountable Care Organisations (ACO): Providers in an area working together under a single contract focused on the health of the population. This can create an incentive to invest in prevention and services outside hospitals to reduce expensive specialist care. NHS England released draft contracts for ACOs in 2017. It announced that it would consult on ACOs in early 2018 but has not yet given a date.

Some patient groups and thinktanks are concerned integration could lead to privatisation of the NHS. The NHS faces legal challenges over its ACO plans from two judicial reviews brought by campaign groups 999 Call for the NHS and JR4NHS.

Speaker Presentations

- What future our NHS presentation
- North east London Commissioning Alliance presentation

Jonathan McShane, Hackney Council
• Integration is a collective approach to improving the wellbeing of the people and having healthy Hackney citizens. • Bringing together the local authority with NHS health expertise. The council controls many things affecting people's health - social care, housing, employment. • Integration isn't a new thing. Local conversations on integration started three years ago on improving GP waiting times. The relationships necessary for integration take time to develop as seen with devolution in Greater Manchester. • Doing integration on our own terms; not what NHS England or central government wants us to do.

- Hackney has advantages as we're a financially successful system, we have some of the best GPs, and GPs who work together.
- Two of four care workstreams in integrated commissioning are led by people from local government – important and unusual nationally.

Aims:

- Invest more money in prevention which is harder when money is tight.
- Parity of esteem between physical and mental health.
- Tailor services to our different communities.
- Patients and the public involved in each part of the governance structure.

Randall Anderson, City of London Corporation

Challenges:

- A lot of the structure it is to do with governance and not the actual work because of how complex it is to make decisions across organisations.
- Hackney and City are very geographically complex. Many people in the City also go to UCL hospital or the Royal London so we're in three STPs.

Aims:

- Trying to align things across the local authority and the CCG. A lot of energy in the past was spent trying to push things between the local authority and the NHS, and not taking responsibility. Direction of travel is to pool more money to make better decisions together.
- Now working on delayed transfers of care out of hospital together.

Dr Mark Rickets, City and Hackney CCG

Neighbourhoods model of care

- Hackney and the City will be divided into eight neighbourhoods of 30-50,000 people. Research suggests it's a good unit to work around for services.
- Maintain the focus on individual personal care
- Options for multidisciplinary working and joining up people who deliver care in a more sensible and efficient way.
- Patient's consent to share care record so they don't have to tell their story multiple times.
- Needs to be patient empowerment and 'patient activation'.
- Could improve staff morale – never going to get good outcomes from burnt-out dispirited staff.

North east London level

- Need to be mindful there are people outside of Hackney and NHS is national. Some things can be done better on a wider level but there are things that can be done better on a local level and should be.

David Maher, City and Hackney CCG

Aims of integrated commissioning

- Want to use Hackney and City pound well.
- Further pooling of budgets between local authority and CCG e.g. continuing health care as a one stop shop to deal with all of people's needs in best way.
- Want people involved in this right from the start e.g. co-production and having people at the heart of services.
- I've worked in Hackney and City for five years and I can't think of a place that tries to engage with its community more.

North-east London level

- Now a joint commissioning alliance for north east London that brings together 7 CCGs including Hackney and City. Aim to keep this very narrow and only commission things together where can add benefit by doing it at this level.

Dr Nick Mann, Hackney GP and Hackney Keep Our NHS Public

Positives of integration:

- Hackney Council and CCG worked well together for a long time, staff committed to the future of the NHS, good links with the voluntary and community sector, things like e-prescribing and e-consultations, council surplus has allowed good things for residents.
- Good things to be gained from integrating care (e.g. clinical improvements) but won't save money.
- Reforming local care model won't rescue the NHS from its current crisis. Crisis is about funding withdrawn by central government over 8 years not the way we work. During the winter flu crisis people were queueing outside A&E.

- Hackney is a bubble with unified vision for what we want to achieve across GPs and councillors. Isn't true across north east London STP e.g. Haringey selling housing stock.

Concerns

- £500 million deficit over the north east London STP. Issues of massive private finance initiative (PFI) debts e.g. Bart's hospital in our STP. Worried about control total of the STP and the joint commissioning committee, and worried they could decide to close Homerton hospital to end Bart's deficit.
- Lots of units are earmarked for closures across country because of STPs.
- Accountable care systems (ACSs) will cause deeper problems by creating silos across the country that are not joined up - disintegration of the NHS.
- 43% of NHS contracts were won by the private sector in 2016-17.
- Don't believe NHS England will allow Hackney to become its own legally devolved and self-responsible bubble. Don't believe Hackney can survive within north east London STP.

Further information

- Find out about integrated commissioning and read a Q&A on the Healthwatch Hackney website.
- Read the north east London Sustainability and Transformation Plan here.
- Find out about NHS England's plans for Integrated Care Systems here.
- If you would like to be involved in co-producing or reshaping services as a patient/public representative, please contact info@healthwatchhackney.co.uk or info@healthwatchcityoflondon.org.uk

Questions from public

1. I'm worried about people with learning disabilities

David Maher: These plans will not be harmful to people with learning disabilities.

2. Why is money tight and who is responsible?

Randall Anderson: There are potentially opportunities for saving because some things haven't been done efficiently. But this isn't the number one reason we are doing this, the driver is to improve the quality of services that are being provided.

3. Why is the NHS constantly expanding instead of being local?

Dr Mark Rickets: The things we are talking about at the north east London level, we have been doing at that level for a long time e.g. cancer, London Ambulance Service. There are sensible things we can do at that level that enable us to focus on things we need to do locally.

We have no plans to create one big accountable care organisation (ACO). We want organisations to work together effectively. We're not interested in making them form one big unit that could be sold off to the private sector.

Dr Nick Mann: Shuffling services around is a distraction from what the NHS is facing. We should be pushing back up and say we're not going to rearrange services when we have to find £500 million of cuts for north east London.

Jonathan McShane: With local integration we are introducing local democratic accountability to local health changes as councillors are accountable to residents. Normally if you don't like health services locally then you have to try to get rid of the national government.

4. Does the CCG feel confident it can stop its good financial standing being watered down by working across north east London?

Dr Mark Rickets: The CCG single accountable officer for North East London, Jane Milligan doesn't want City and Hackney to fall over financially because that's not going to help the rest of north east London. We need to be optimistic and get involved.

5. City residents are deprived of choice with only 1 GP practice. We need more GPs in the City for workers and residents.

Randall Anderson: Workers and residents having access to more GPs in the City is a very good idea. It would help address that people in the City have to access GPs in Tower Hamlets. The health and wellbeing budget is allocated by population so ours is relatively small because of our small resident population.

Dr Mark Rickets: There was a meeting at Neaman Practice in the City today about how it could expand and different options. GP at Hand is an app that involves a practice in Hammersmith now registering patients from across London. This is taking money away from other areas because of how primary care is funded – this is what we have to worry about. We need to come up with an offer that is equally as good as GP at Hand by making sure our GPs are accessible via emails and telephone.

6. Why are we building new tower blocks while old buildings (e.g. schools) are sold off - with an increased population we need these buildings. I want a guarantee that if integrated commissioning boards are planning on selling off local estates that every fact is placed in the public domain, there's a full public consultation and agreement from local population.

Dr Mark Rickets: We have some terrible estates and buildings. We have an opportunity through working with the local authority to develop estates. I can't guarantee that we won't look into making more of our estates but we will consult on it. The only plans we have currently are around improving the facilities we have.

Jonathan McShane: Springfield Practice is an appalling place to deliver care from. NHS Property Services has tried but failed to improve it in the time the local authority has refurbished every secondary school in the borough. It's very difficult to recruit GPs to buildings with no natural light and water running down the ceiling.

We have to watch NHS England on estates closely. Any money that is gained from estates locally needs to be invested back into health and social care locally not retained at central Treasury or London level.

Dr Nick Mann: We do have terrible buildings but it hasn't been made clear even to the integrated commissioning board that receipts for their sale won't be kept at north east London or Treasury level.

7. When will people in the health industry treat physical disabilities and mental health disabilities holistically?

David Maher: Having spent four years trying to ensure physical and mental health are treated the same way in Hackney, this is disappointing to hear. We will take this back.

8. Can patients still come into home care when they're not well?

Dr Nick Mann: In Hackney, the integrated independence team (IIT) prevents some delays in discharge from hospital and helps prevent some admissions. It probably doesn't save money, but it works well to help bridge the gap between patients' needs in hospital and at home and may reduce hospital bed use.

With the current extreme levels of pressure on the NHS due to protracted defunding, cuts to beds, services and staff, we are seeing staff working ever faster, but they are unable to cope. Some patients being discharged too early may be a natural consequence of this. There is some evidence of increasing re-admissions after discharge, and as a GP I have seen such cases. Pressure on the NHS is having real and detrimental effects on patient care, and the need for proper NHS funding is a critical national issue.

Integrated commissioning partners: We don't have any evidence that patients are being discharged too soon from hospital. We sometimes have delays discharging people when they are well and we are doing a lot of work on reducing this with our partners.

There is a local Enhanced Health in Care Homes (EHCH) task and finish group with care home providers, community service providers and commissioners working together to map local services against the seven care elements outlined in the national EHCH framework. The group is developing an action plan to address any gaps in care for care home residents, which will include communication between acute Trusts and care home staff at the point of discharge.

9. How can Hackney Council's transport be used to improve older people's accessibility to social activities such as lunch clubs or exercise groups? This would tackle social isolation. Council transport is not available in the middle of the day.

Integrated commissioning partners: Hackney Council's transport arrangements for day service users are due to change slightly this year in line with the opening of Oswald Street. However,

there is an opportunity for this change to continue and enhance the flexibility available for service users needing assistance throughout the day. The Council's transport services do currently take some residents to and from lunch clubs at Queensbridge Road and this could continue in future. Whilst the focus of the new service will be at Oswald Street, drivers will be working throughout the day and this means that there is an opportunity for flexibility to be used based on service user priorities. It should be noted that any proposals for flexible use of the service would need to fit within the context of overall changes, which include the main focus on Oswald Street and the need for escorts to be arranged where needed as this will not be part of the service provided by drivers.

Dr Nick Mann: I would like to see an increase in light-assistance community patient transport services as a key factor for care in the community to properly work. Transport is almost entirely ignored and nowhere properly costed in the STPs, most of which plan cuts which will increase patient journey times and the need for increased transport provision.

10. When is Stamford Hill library being rebuilt? How much of the housing on site is going to be real social housing as "affordable" rents are out of reach of most social tenants? Which of the facilities (GP or library) will be upstairs? It has to have a wheelchair accessible lift.

Integrated commissioning partners: Hackney Council is carrying out a feasibility study for the redevelopment of Stamford Hill library. This will cover different options for including services on the current site and how they would be funded. Further discussion of the options, once produced, would involve NHS Property Services in relation to the provision of primary care services. Any proposals relating to the provision of housing on the site would be in line with the Mayor's priorities that inform the Council's approach to housing regeneration, and the new draft Local Plan which reflects the affordable housing ambitions set out by the Mayor of London in his new London Plan.

11. Is maternity at Homerton going to be expanded and properly staffed to cope with the local birth rate and not put mothers at risk by sending them home 30 minutes after giving birth?

Integrated commissioning partners: The maternity service at Homerton has capacity to deliver approximately 6,200 babies a year. The current delivery rate for 2017 was approximately 5,700. The Homerton maternity team make sure that they have the correct number of midwives to provide 1:1 care in established labour and to provide immediate postnatal care. This is monitored via the Homerton quality dashboard which is reviewed monthly by the CCG.

The CCG Maternity Commissioners and the Deputy Chief Nurse and Head of Midwifery are not aware of any mother being sent home 30 minutes after giving birth. Women are only discharged home if/when it's clinically safe to do so and with the agreement of the woman and her partner. Women often request to go home from the delivery suite particularly if they have other children. It would be helpful to get more information about the source of this feedback, as it is essential for women to feel part of the discharge process.

The Deputy Chief Nurse and Head of Midwifery are keen to meet with Healthwatch Hackney and City representatives and would like to offer a tour of the maternity unit.

Dr Nick Mann: England is currently short 3,500 full-time midwives. A North East London STP report on Maternity said less care will be provided in hospital, while emphasising 'patient choice'. More midwife-led care would be provided from community 'hub' sites or larger multi-purpose sites. The report did not contain any detail regarding the provision of

more or fewer midwives or centres, nor specify whether any hospital delivery beds are to be cut.

12. Bringing together health and social care is very political. Who bears the risk when we work with private companies who can walk away from contracts?

Integrated commissioning partners: There is no change to current practice - commissioners of a service manage the contracts and associated risks. Each service area within integrated commissioning has a specified lead commissioner. The lead commissioner contracts with provider(s) for the provision of the services and is responsible for contract performance management and monitoring.

Integrated commissioning and budget pooling relates to commissioning services under an integrated commissioning strategy, it does not extend to support functions such as management of contracts.

For City and Hackney, each partner has determined the scope of integrated commissioning and this is denominated at service level.

The partners have agreed risk share arrangements where each partner will be responsible for the management of their own overspend arising within the level of resources which they contribute to the Integrated Commissioning Fund. Note: If the Integrated Commissioning Fund records an overspend or underspend in any year, the balance of overspend is recorded in the party that holds the statutory responsibility for the function or budget which incurred the overspend or underspend.

Dr Nick Mann: ‘Integration’ is being used politically, to render both CCGs and Local Authorities as subordinate to the new ‘single accountable officer’ for north east London. This passes control for major service changes upwards with NHS England at the helm, while Local Authorities and CCGs remain financially and legally responsible for any failures to balance budgets or deliver safe and comprehensive care.

Integration involves organisational, operational, financial, funding and contractual considerations in addition to clinical co-ordination of services. ‘Workarounds’ are leading to complex contracting and non-statutory major reorganisation has created uncertainty about a lack of public accountability. Primary legislation is required rather than NHS England reassurances that different ad hoc workarounds on a ‘voluntary’ basis are an adequate solution. Integration is not a holy grail for the NHS.

Hackney has largely worked to keep NHS services publicly provided. However, there are other NEL STP members who are more willing to work with the private sector, despite the many instances of private sector contract failures risking NHS service stability and quality.

Additional questions from Hackney Keep Our NHS Public – responses from Integrated Commissioning partners

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Please note these questions are an edited version with the full questions and background information [available here](#).

1. We seek assurance our elected representatives will work to bring local services in line with national Labour policy including opposing accountable care organisations (ACOs), ensuring local people are given information about government policies and fully consulted on local services and policies, and working with other local authorities to raise awareness of government actions.

As set out in our devolution business case, we will join up public services to tackle the problems our populations face and will take a place based approach in developing our integrated care system in partnership with clinicians and practitioners, residents and patients, local authority members and other stakeholders. Our system is based on strong and mature relationships across Hackney and the City and we will build on this to develop our integrated care model. We will continue to work closely with other areas including local authorities.

In City and Hackney, we are committed to full consultation and engagement with residents and patients about service development and any new service models. Patients and public are represented at all levels of our integrated commissioning governance and we are committed to a co-production approach with the public and patients.

2. Will Homerton A&E continue to be commissioned at local CCG level, or at STP-level? Are there proposals to stop providing a full A&E service or to downgrade to an Urgent Care Centre?

The Homerton A&E will continue to be commissioned at a local CCG level, and there are absolutely no plans to stop providing an A&E or to downgrade the current range of A&E services. The Homerton A&E is a busy, high performing A&E that will continue to provide a quality, responsive service within Hackney.

We work with partners across north east London (NEL) and nationally to share best practice and learn from each other in relation to managing unplanned care, however, commissioning decisions will continue to be taken locally.

3. Will Homerton pathology services continue to be commissioned at local CCG level or at STP level?

The CCG continues to use its commissioning resources to fund pathology services locally. Our providers have been under some national expectations about how those services can be best designed to reduce duplication and minimise waste.

4. How are local commissioners mitigating the risks of setting up an accountable care system in Hackney and the City and fully aligning contracts? NHS England expects these partnerships will merge into a single organisation which could be put out to commercial tender risking privatisation of health and social care in Hackney.

Our vision for City and Hackney is to work together with our patients and providers to deliver an integrated, effective and financially sustainable system within the systems control total that meets the population's health and wellbeing needs.

Our strategic framework, signed up to by all partners, sets out our approach to population based health and care and our aims for our population:

- Improve the health and wellbeing of local people with a focus on prevention and meeting the aspirations and priorities of the 2 Health and Wellbeing strategies
- Ensure we maintain financial balance as a system and achieve our financial plans in line with agreed system financial control
- Deliver a shift in focus and resource to prevention
- Deliver proactive community based care closer to home and outside of institutional settings where appropriate
- Address health inequalities and improve health and wellbeing outcomes, using the Marmot principles in relation to the wider determinants of health and focusing on social value
- Ensure we deliver parity of esteem between physical and mental health
- Deliver integrated care that meets patient's physical, mental health and social needs
- Ensure we have tailored offers to meet the different needs of our diverse communities
- Promote the integration of health and social care through our local delivery system as a key component of public sector reform
- Build partnerships between health and social care for the benefit of the population
- Achieve the ambitions of the NEL STP.

We will deliver our plans adhering to the following principles:

- **Addressing the wider determinants of health** to address underlying health inequalities, focusing both on direct service commissioning and influencing and advocacy in the wider system
- **Development of 'neighbourhoods' across City and Hackney** with planning and delivery of care at a neighbourhood level where this would improve care and outcomes
- **Empowered patients** equipped with skills and information to help them self-manage, access the right services when needed, make informed decisions on the evidence and options for their care and who are active in the co-design of our service delivery arrangements and pathways
- **Strong safe hospital care** delivering:
    - High quality 7 day services, integrated with mental health resources and networked with other local hospitals where necessary.
    - Fewer face-to-face outpatients - replaced by digital solutions and management in primary care
    - Support and expert advice to primary and community care.
    - Demand management of tertiary service.
    - Reductions in variations between teams.
    - Minimal length of stay, thanks to good primary and community based services which command universal clinical confidence.
    - Aligned clinical and practitioner behaviours across primary, community, secondary and social care, which see the community/home as the default and support the delivery of resident care plans.
    - Preventative interventions.

NHS England does not have an expectation that providers must merge into single organisations to form integrated/accountable care systems although it is right that this is one of a number of organisation models acceptable to NHS England. Other acceptable models include multi-speciality community providers (MCPs), acute care collaborations, primary and acute care systems (PACS) and provider alliances.

5. What review has been done to assess the needs of people who are medically fit to be discharged from hospital but unable to safely care for themselves at home? The discharge to assess pilot will be unsafe unless Hackney has adequate step-down and rehabilitation services – what are your plans for these? Will the discharge to assess, step-down or rehabilitations services be healthcare – free at point of delivery – or charged for social care? Are there plans to put patients in Airbnb style homes?

Intermediate care beds prevent unnecessary acute hospital admission (step up beds) and premature admissions to long-term care and receive patients from acute hospital settings for rehabilitation and to support timely discharge from hospital (step down beds).

The London Borough of Hackney commissioned Cordis Bright in 2015 to review bed based intermediate care. Cordis Bright were asked to identify the need for intermediate care beds for Hackney residents and to present options for the type of provision. The 2015 report concluded that between 6 and 18 beds may be needed to fulfil demand by 2020/21. This recommendation was prior to commissioning of our local Integrated Independence Team (IIT), which provides both rehabilitation and reablement services through a joint community-based team.

The London Borough of Hackney, City and Hackney CCG and the Homerton Hospital are collectively writing a business case to support the development of an intermediate care beds service, which will need approval from the integrated commissioning boards. We are reviewing the number of out of area intermediate care beds we spot purchase as well as evidence from our IIT and Integrated Discharge Service. Intermediate care (step up or step down rehabilitation services) will be free at the point of delivery.

We have no plans to use Airbnb style local homes but we will continue to examine and consider together with stakeholders any innovations that might help facilitate appropriate, safe and timely discharge from hospital.

6. What evidence are you using to deduce that self-care and independent living can substitute for direct services?

Many people need direct care, and there are no plans to take this away from them. However, promoting good health is a key objective across the borough and we do want to try to ensure that as many people as possible are encouraged and supported to stay healthy so that they can continue to live independently.

7. How will you address the following concerns about integration: the NHS and social care have different aims and approaches; it is not necessary or sufficient to ensure coordination; the government's push for integration is political and economic.

Whilst the NHS and social care do traditionally have different aims and approaches we can see that, for City and Hackney, there are huge quality benefits to better joining up health and social care services that are not driven by financial pressures. Whilst we talk about integration at organisational level between the CCG, LBH and CoLC, the real benefit comes when this integration follows through onto the front line.

Examples of how NHS and social care staff working together could help patients are as follows:

- users get more consistent care from both agencies, without the need to have to repeat their stories/backgrounds multiple times.
- reduce the likelihood of a patient falling through the net because health or care professionals missed vital clues. For example community nurses that work more closely with social workers would be more likely to spot social issues such as abuse or neglect, whilst concurrently social workers that work more closely with health services would be more likely to spot signs of physical deterioration from medical issues. In both case the social care or health professional would also know who to refer the patient onto.
- health and social care staff would both gain a greater understanding of how both health and social factors impact on residents, and use this to better support residents. Care should therefore be more holistic.

8. How will you ensure the expertise of small specialist teams is not lost and diluted if split into quadrants and managed through generic teams without specialist expertise?

The intention of neighbourhoods is to increase access to specialist teams. Patients will still have access to see their local GP in their local surgery and this will not be diluted. However, by working at a neighbourhood level we would hope to increase the opportunity for other specialists, such as hospital doctors or psychiatrists, to contribute to care plans, support GPs to look after patients and, potentially, see some patients within the neighbourhood.

9. What evidence is used to justify plans to replace doctors or nurses with physician associates or other lower qualified staff?

Increasing the number of physicians associates working in the NHS is a key government initiative and forms part of a range of measures, announced by the Secretary of State for Health in June 2015, which aim to meet workforce needs within both primary and secondary care. Health Education England has led on analysing the opportunities for new workforce models with providers and a range of evaluations from pilots are available from the Health Education England website.

10. Can we end commercial contracting of health and social care services, bring all services back in-house and reinstate support systems?

Although NHS England expects CCGs to comply with procurement regulations, the decision about whether to run a competitive tender continues to be a local decision and we have successfully used collaborative ways of improving many local services without running expensive procurement process.

11. Can we see the local NHS and social care estate strategy and proposals for the future of 31 NHS and social care sites? Will managers consider an estate strategy in line with our suggested proposal (access here)?

Point 13 on NHS Premises contained within the attachment refers to "94 properties across Hackney. 19% owned by NHS Prop Co and 14% by GPs – so that's 33% NHS, so about 31 properties currently used by the NHS. We have already flagged up our grave concerns about NHSE proposals to conduct a fire sale of £5.7bn of NHS properties''.

City & Hackney CCG does not own any sites as following dissolution of PCTs in 2013, the statutory transfer order transferred the premises to receiver organisations which were either NHS provider trusts, NHS Property Services and Community Health Partnerships.

City & Hackney is part of the East London Health and Care Partnership (STP) which has a draft strategy (please note that the STP includes both commissioners & providers).

Additionally, Hackney as an approved devolution pilot put forward an estate proposal to the Treasury for which response is still awaited. The proposal asks for ownership of NHS property locally, local retention of receipts for surplus land and buildings, so as to allow Hackney to develop our estates with a whole public sector purpose which includes provision of integrated public services and increasing housing stock.

12. Regarding plans for co-location in places of worship. Will you retain separation between state-provided services and faith provision, including no shared physical access to premises, no faith-based access requirements, and no shared staffing.

The comment in our devolution business case about involving places of worship, was about supporting the development of existing local spaces and places to support people to live ordinary independent lives. The NHS is a universal service and we would want to explore how we can improve access by closer involvement with our communities.

13. We welcome the retention of the CHUHSE (City and Hackney out of hours) service beyond 2019.

CHUHSE have said that they will not continue to operate beyond the end of March 2019. However, we will still continue to deliver a local, GP out-of-hours service for City and Hackney residents beyond March 2019. This will continue to be commissioned locally, and we are working with current service providers at the Homerton and local GPs to develop this. We are also involving local users in this work - we will be holding an engagement event on this, and one of the things we will want to understand is what it is about CHUHSE that local

residents like so that this can be replicated in the new model. We will also be looking for more user representation at the working group that develops the new model.