

Appendix 1 - The London Borough of Hammersmith & Fulham's response to the draft Sustainability and Transformation Plan for North West London

Summary

The London Borough of Hammersmith & Fulham (H&F) is strongly opposed to proposals developed through the Shaping a Healthier Future (SaHF) programme to reconfigure acute hospital care in North West London.

The Independent Mansfield Commission published its review of the government's SaHF proposals for North West London following a 9-month public inquiry. It documented many concerns which H&F endorses.

The Council recognises the urgent need to develop improved out-of-hospital care and is working positively to invest in, and better align primary, social, and acute care with local partners in the NHS. The Council believes that the efficiencies this could bring, if managed successfully, are essential to meeting increased demand caused by a growing local population.

We agree with the statement in the North West London Sustainability and Transformation Plan (NWL STP) that "...both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources".

However, the Council notes that all the key component parts of SaHF form the basis of the NWL STP.

At the heart of the NWL STP is an acceptance that Charing Cross and Ealing Hospitals will be demolished and replaced with significantly downgraded health care offers and that the capital receipts from the sale of much of the hospitals' land is intrinsic to the delivery of the STP. H&F is strongly opposed to this. H&F therefore opposes the NWL STP.

Along with the London Borough of Ealing, H&F has not signed up to the NWL STP. This Council remains deeply concerned that there has been a consistent and repeated failure to publish the Implementation Business Case for the SaHF programme to NWL NHS's own deadlines. The financial data central to the NWL STP, that is due to be presented to the Treasury, is still yet to be concluded or made public so has remained unavailable for public scrutiny. This is indicative of the lack of transparency throughout the NWL STP process and a key reason H&F has no confidence in it.

H&F firmly rejects the proposals to demolish Charing Cross and Ealing Hospitals and to downgrade the A&Es.

H&F Council does however support some of the aspirations set out in the NW London STP. Those are:

- Invest in a range of preventative services that will improve health and well-being;
- Improve the management of people with long term health conditions in the community;
- Achieve better outcomes and experiences for older people;
- Improve outcomes for children and adults with mental health needs;
- Invest in adult social care services, which are under considerable financial pressure nationally;
- Invest additional funding in NHS out-of-hospital care facilities and services.

We support plans to jointly commission community services across the NHS and local government, building on working relationships. We recognise well developed and mature partnerships are already in place, as evidenced by effective Health and Well-being Boards across North West London and a range of integrated services delivering real benefits to residents with health and social care needs.

We recognise joint progress made in whole systems health and social care integration in recent years with a range of new and effective services in operation. These include:

- Intermediate Care services offering targeted support to people to prevent unnecessary hospital admissions and ensure timely hospital discharges;
- Care co-ordination of people with long term health conditions supported in primary care to ensure that people are supported to remain healthy at home;
- Joint contracts between local authorities and CCGs offering cost effective and high quality services to residents.

We welcome the work done as part of the STP to model the cost and benefits of integrated care and prevention and support the commitment to close the social care funding gap. We also support the commitment to investment in transforming services in a cost effective, sustainable way.

Detailed Response to the draft STP

1. Estates

- 1.1 In principle, the Council supports the proposal for local hubs where primary care, community, mental health, social and acute care providers can come together to deliver integrated patient-centred services, although Hammersmith & Fulham Council is sceptical about the likely investment sources for such a venture and will not accept any planned use of current hospital space at

Charing Cross to locate such uses if they impact adversely on, or assume reduced provision of, A&E or acute bed provision.

- 1.2 H&F Council does not support the SaHF plans for consolidation of services on fewer major acute sites as they currently stand.
- 1.3 We would like clarification about available capital for new sites and buildings.

2. Workforce

- 2.1 We welcome the commitment to workforce development and transformation.
- 2.2 We support training in specialist and enhanced skills (such as in the care of older adults) to meet our growing and changing population needs. We are committed to multi-disciplinary working, reduced service duplication and a less complex care system for our residents with fewer assessments.
- 2.3 We do, however, have concerns with the statement that "...there will be a 50% reduction in workforce development funding for staff in Trusts," and call on the Department of Health to share its modelling on the consequences of this change.

3. Digital Transformation

- 3.1 In local government we are committed to exploring new ways of working including use of digital technology. This includes using evidence-based digital technology in relation to health and social care and new opportunities for:
 - Self-care with patients to look after their own health and social care needs and monitor their own long-term conditions;
 - Improved case-finding;
 - Improved evaluation of benefits;
 - Better Information sharing between providers.

4. Primary Care

- 4.1 We welcome additional investment in GP services of £58m across eight boroughs over four years but have concerns that this is insufficient and that GPs are struggling to rise to significant challenges including:
 - the expected increase in the population of older adults;
 - challenges with the supply of the GP and nurse workforce;
 - the age profile of the GP and nurse workforce;
 - recruitment and retention challenges.

- 4.2 Our own consultants' analysis of the STP (submitted with this response) suggests that this investment will be insufficient to meet the long term goals of the Plan.
- 4.3 The Chair and Secretary of the Kensington and Chelsea, Westminster and Hammersmith & Fulham Local Medical Committee wrote to the H&F Cabinet Member for Health and Adult Social Care as recently as last month (30 September 2016) stating that "GPs in London and across the country have declared a GP state of emergency".
- 4.4 Dr Paul O'Reilly and Dr Katie Bramall-Stainer state in their letter that patients risk losing their GPs unless the following workload, funding, work force and premises pressures on general practice are dramatically and appropriately eased:
- Primary care workload has been increasing year on year for many years now and is not just greater in volume, but also in complexity;
 - The income of London practices is falling. The core contract is inadequately funded and does not take account of the increased complexity of routine work. In making place-based STPs, core funding to practices must be protected, so that it cannot be siphoned off to pay for other services, to shore up financial failure in other sectors, and must be increased to take account of the chronic underfunding of general practice and the shift of work from the acute sector. GPs need a stable, reliable income on which to base their plans for development and to sustain them to deliver current and future workload;
 - Half of London's general practices are short of a key member of staff, over a third are missing at least one GP and over forty per cent have a GP planning to retire within the next three years. The remaining GPs, practice nurses and their teams are working flat out to fill in the gaps, but they're at breaking point and need help to deal with the growing complexity of London's health needs. Without increased support, the future of community general practice looks decidedly gloomy: delivering current service with fewer staff is unsustainable and unsafe in the long term, let alone stretching to extended seven day services;
 - GPs and patients need access to more suitable, affordable practice premises as a matter of urgency. GP premises must be approachable, local and connected. Commissioners and local authorities could do more to facilitate the development of suitable, affordable local premises, and to release funding to deal with urgently needed upgrades and repairs.
- 4.5 The concerns raised by the LMC casts serious doubt on the STP's assumptions as to the capacity of general practitioners to take on the extra demands of the planned expansion of out-of-hospital services.

5. Savings Proposals

5.1 The NWL STP set out a projected funding gap of £1.3 billion by 2020 across the NHS and social care and a summary of proposals to reduce this gap and ensure the future sustainability of health and social care in the region.

5.2 It includes assumptions that significant savings can be achieved through a number of programmes. These relate to:

Delivery Areas 1-5:

DA1 - Radically upgrading prevention and wellbeing;

DA2 - Eliminating unwarranted variation and improving Long Term Conditions management;

DA3 - Achieving better outcomes and experiences for older people;

DA4 - Improving outcomes for children & adults with mental health needs;

DA5 - Ensuring we have safe, high quality sustainable acute services.

5.3 H&F Council opposes the reconfiguration of acute hospital care, envisaged in DA5.

5.4 In addition, a significant proportion of the savings are from “Business as Usual savings”; that is efficiency savings from the acute hospital trusts, mental health, community services and the commissioning budgets of the CCGs. The consultants’ report commissioned by H&F Council (appended to this response) questions the evidence base for these projected savings.

5.5 We welcome the acknowledgement of pressures within adult social care and proposals set out for an investment of transformation funding to meet the gap identified by the local authorities across the region.

5.6 This social care gap by 2020 is projected at £145m. The government’s proposals are set out to reduce that gap by:

- authorities using their power to increase the precept for social care in the council tax by up to 2% (H&F Council strongly objects to raising council tax as we do not intend to pass care costs on to residents);
- savings from proposals produced by local authorities across the region;
- savings through joint commissioning;
- a share of health savings;
- a residual gap from the additional £148m Sustainability and Transformation Fund.

5.7 It is proposed that the savings projected for local government will be achieved through investment of £21m a year in 2017/18 rising to £34m by 2020/21.

5.8 The report prepared for H&F and Ealing Councils by Roger Steer, John Lister and Sean Boyle (submitted with this response) casts doubts on the evidence base for these projected savings.

6. Accountable Care Partnerships

6.1 The NWL STP also sets the goal of establishing Accountable Care Partnerships (ACPs) as one of the new ways to deliver the new system. This could include options set out in the Five Year Forward View for new models of health care – Multi-Specialty Community Providers, to be led by GPs and Primary and Acute Care Systems to be led by acute trusts.

6.2 We note that there has been limited experience of health and social care ACPs to date nationally and we would want to be engaged at an early stage in any discussions about the development of this in NW London, in order to be able to evaluate the benefits and risks of this model before we would be in a position to respond.

Conclusion

The London Borough of Hammersmith & Fulham is totally opposed to the NWL STP and has no confidence in it. We have significant concerns about the lack of transparency and its likelihood of achieving its stated objectives.

We are totally opposed to any plans to downgrade Charing Cross Hospital to a 'local hospital' and oppose any planned bed space closures or closures of A&E services at that hospital.

The Council will continue to work positively with all partners to invest in community, out-of-hospital and preventative services. We are committed to building upon the foundations of integrated services and this Council's strong track record of offering flexible patient-centred community services for the residents of our borough.

A detailed analysis of the draft STP, which has informed this response, is appended.