



What Future Our NHS?

Public meeting on North East London NHS Sustainability and Transformation Plan (STP)

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Introduction

Healthwatch Hackney organised a public in meeting on 16 February 2017 to give Hackney residents their first opportunity to hear about the draft North East London Sustainability and Transformation Plan (NEL STP). This report provides public feedback from that meeting. The aim of the public meeting was to:

- Enable residents to learn more about the NEL STP and its impact on local services
- Give the public a chance to question NEL STP managers and comment on the plan
- Find out what Hackney Council thinks about the plan
- Gauge and collect feedback from the public on the plans
- Produce a report based on residents' feedback and pass this to the NEL STP

The meeting was widely publicised in the two weeks prior to the event. Eighty local residents attended.

The meeting was part of a project commissioned by the NEL Commissioning Support Unit from Healthwatch in north east London on behalf of the NEL STP. The project sought to gather existing Healthwatch data on NEL STP priorities and hold public meetings. Healthwatch Hackney's aim was for the public meeting to enable open dialogue about the NEL STP's aims and impact.

As Hackney's independent health and care watchdog, our role is to ensure the voices of people across the borough are heard and influence decision makers. The aim of the public meeting was to give people a chance to have a say on this crucial plan. Healthwatch Hackney has [published a paper setting out its position on the NEL STP](#).

These NHS plans are set to radically change the way health and care services are delivered across the country yet public awareness of the plans is very low. A recent survey found six out of seven members of the public had never heard of STPs. The NEL STP published its draft plan in October. Local councils and patients are unhappy the plans were without patient input. Criticism has also focused a lack of detailed in the plans showing how they change local health and care services.

NOTE: Following the public meeting, Hackney Council's lead for health, social care and devolution [reported to Hackney Council cabinet](#) that he is 'unable to recommend signing up to the NEL STP at this time' for a number of reasons including the lack of engagement and consultation with local people and the council.

Recommendations based on feedback from the public meeting

1. NEL STP must ensure meaningful and transparent engagement and consultation with Hackney residents prior to implementation
2. NEL STP must send a senior decision-making manager to future engagement and consultation meetings in Hackney so questions can be properly answered
3. Homerton Hospital's future must be protected and Hackney funds not used to bail out other areas, especially providers servicing large private finance initiative (PFI) debts
4. Hackney Council should not sign up to the STP until [its four conditions](#) are fully met
5. NEL STP should provide answers to all questions raised at the meeting that could not be answered by their representative*
6. NEL STP must urgently publish a public and patient involvement plan to set out how the public can be engaged, consulted and involved in shaping local services

Themes:

1. Anger was expressed at NEL STP's failure to send a senior manager able to answer questions from public with specific information on finances and local service changes
2. Many voiced disappointment the NEL STP representative was unable to stay until end of the meeting to listen to local people's views
3. Fears were raised that NEL STP will 'use' the meeting as evidence of 'engagement' or 'consultation' with Hackney residents. Members of the audience felt the meeting was nothing of the sort.
4. Several people highlighted the high cost of implementing the NEL STP, currently £6.6 million by March 2017/18, and the large bill for private contractors
5. Doubts were raised about the evidence base for the 'new models of care' and plans to rely on 'digital enabling' for people with care needs
6. People felt social care could not cope due to the cuts to local authorities and therefore had no capacity to help the NHS deliver savings of this magnitude. 'The sums don't add up' – was the view of many present.
7. Integration is a good idea but Hackney doesn't want it imposed from above when it has local integration initiatives like the Hackney devolution pilot and integrated commissioning
8. Residents are happy with their highly effective GP out-of-hours service CHUHSE that keeps people out of hospital. They do not want a NEL-wide 111 imposed on Hackney
9. Concerns were raised about governance of NEL STP because it is not a legal or statutory entity, thereby may be avoiding having to consult on the plans
10. Pooling money must not mean 'Hackney ends up bailing out other areas'
11. Many felt the NEL STP team was making decisions and spending money despite being unaccountable to local communities and council
12. Proposed NEL STP governance structures were criticised for side-lining elected councillors and patients in non-decision making advisory networks or boards.

Unanswered questions*

Healthwatch Hackney compiled the following list of unanswered questions from the meeting and from residents unable to attend. We are submitting these to NEL STP team for a timely response

1. We understand the Hackney Devolution Pilot is being funded by the Hackney partners in the absence of any external funding. Can you explain what added value the STP brings that justifies the Hackney partners funding the STP as well as the Devolution Pilot which does at least aim to deal with the issues facing Hackney?
2. We understand that, of the £3.6m budget for the NEL STP in 2017/18, £2m will come from the Health Education England workforce budget. Can you confirm that this will not impact on the training of healthcare professionals?
3. STP is very short on detail. Where is the money going to come from to fund the infrastructure you're talking about? The [BMA estimates £500 million would be needed for the NEL STP](#).
4. What is the evidence for the new models of care being proposed in NEL STP? Please provide this evidence for all models under consideration e.g. care closer to home.
5. We read in the plan that you plan to cut face-to-face outpatient consultations in NEL by 20% – which specialities will you target for these cuts?
6. Primary prescribing is targeted for savings of £19 million, including prescribing for diabetes, respiratory illnesses – how will these savings be generated safely?
7. The plan says access to specialist wards will be restricted to people needing care for more than 48 hours. Which specialist wards will be restricted, how will length of stay be predicted and what evidence is there this will not affect patient safety?
8. What will patient and public representation look like in the STP governance arrangements and how many representatives will be from Hackney?

What we know about STPs

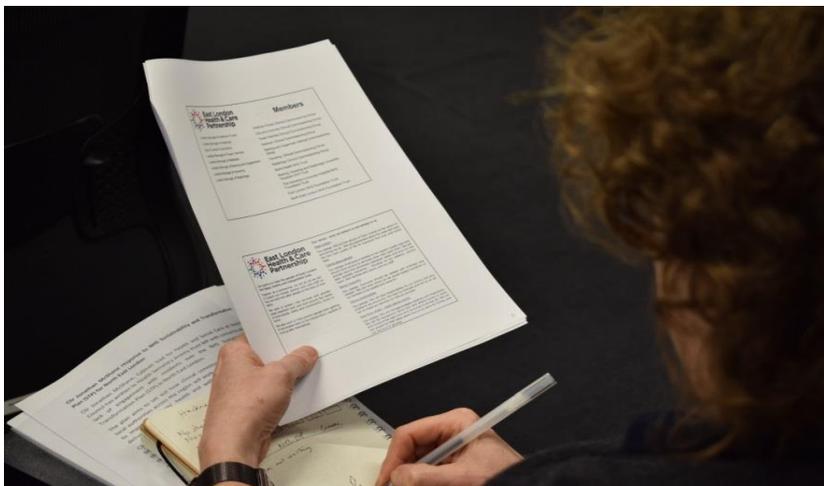
STPs are five-year plans covering all NHS spending in England. NHS England is pinning hopes on the plans to close the £22bn gap between Government funding for the NHS and expected increase in demand. The aim is to make the NHS more sustainable by 2021 through collaborative working, new models of care, digital health, more use of self-care alongside significant efficiency savings.

From April this year, STPs will be the only way for services to secure funding to change the way services are delivered. The new structure is expected to be fully in place by March 2021. Plans are being developed for each of 44 'footprint' areas across England.

What we know about NEL STP?

North East London STP covers a 'footprint' comprising seven east London councils including Hackney. The draft plan [published in October 2016](#) is scant on detail but it states the following:

- Downgrading the A&E department at King George's Hospital in Ilford to a 24/7 urgent care centre
- Changes to pathology services at Homerton Hospital (likely to result in a downgraded service)
- Restricting admissions to specialised hospital wards to patients needing at least 48 hours care to ease bed capacity
- A drive to save £19 million in primary care prescribing for diabetes, respiratory conditions, heart disease, multiple sclerosis and gastro conditions
- 20% reduction in outpatient consultations



Note about NEL STP representation at the public meeting

Members of the public at the meeting had a reasonable expectation that the NEL manager/s attending the meeting would provide concrete information on how the plan would impact on Hackney services, area funding and expected savings. They expected the NEL STP representative would remain for the whole meeting, including the meeting discussion, to listen to their views and answer questions.

On arrival, the NHS STP representative told the chair she could not stay until the end of the hour and a half long meeting. The audience was advised they would get five minutes to put questions to the representative although in fact they were able to ask questions for longer.

The representative stayed until 7.45pm, leaving 15 minutes before the end of the meeting. As a result, members of the public felt they had insufficient time to ask all their questions. They were also disappointed to learn the representative was new to her job and unable to respond to questions with concrete information, particularly on finance and funding.

The lack of adequate opportunity for the public to ask NEL STP questions and receive transparent and concrete answers was highlighted in [local press coverage](#).

The feeling of the meeting was that by not sending a suitably informed representative, the NEL STP had failed to demonstrate to the meeting that they are serious about public consultation and engagement.





From l-r, speakers GP Coral Jones, Keep Our NHS Public, Hackney Council cabinet lead for health Cllr Jonathan McShane and Samantha Campbell, Head of Engagement, NEL STP

Meeting format

The meeting opened with half an hour of presentations from NEL STP, Hackney Council and Keep Our NHS Public.

The audience was able to question the speakers. The meeting was then opened up for a discussion and further questions. The speakers were: Samantha Campbell, head of engagement for the North East London Sustainability and Transformation Plan; Cllr Jonathan McShane, Hackney Council cabinet lead for health, social care and devolution and Coral Jones, GP and member of Hackney Keep our NHS Public.

Presentations

Speaker 1: Samantha Campbell, Head of Engagement, NEL STP

What the STP is about:

- Local NHS and local government working together to address challenges
- Setting out what needs to be done to plug holes in system by 2020/21
- Plugging gaps 'where things could be done better' on a ['footprint-wide'](#) basis.
- Being open that these problems won't be solved by 2020/21
- It's not about coming in and implementing things
- A 'partnership approach' to implement the STP

Context for NEL STP:

- Created at time of system-wide challenges with each organisation in north east London facing own challenges
- Challenges: growing population, limited resources, increasing demand for services
- Estates and hospitals aren't fit for purpose
- Some trusts (e.g. Barts NHS Trust) needing support to exit special measures

The NEL STP supports:

- Good work happening in Hackney and Barking and Dagenham, Havering and Redbridge (BHR) devolution pilots
- Transforming Services Together programme in Newham, Tower Hamlets and Waltham Forest

What's happened so far:

- Draft NEL STP submitted to NHS England in October 2016 - no feedback yet
- NEL STP is 'going ahead' by starting to look at what can be done already
- Acknowledgement that STPs not developed in the 'best way possible'

Next steps:

- Involve public & patients 'as much as possible' in 'everything going forward'
- Partnership branded East London Health and Care Partnership and launching in June 2017
- Creating a 'community network' subgroup of East London Health & Care Partnership
- subgroup to include representatives from patient/public, community and faith groups, voluntary and community sector, social enterprise, charities, education, business, professional bodies
- Partnership-wide health prevention campaigns

Speaker 2: Councillor Jonathan McShane, Hackney Council Cabinet Member for Health, Social Care & Devolution

Backdrop to STPs

- STPs are response to current health and social care crisis
- Problems began in 2009 when NHS told to rein in spending resulting in ‘completely unrealistic efficiency programmes’
- 2012 Health and Social Care Act top-down NHS reorganisation was a ‘total waste of money’ as it failed to address the reality of ageing population.
- NHS budgets for new buildings and equipment have been raided ‘for many years’
- Local NHS team asked to ‘do the impossible’ and make-up for decades of underspend on the NHS

Public health issues

- Central government has failed to address public health issues
- Theresa May downgraded national obesity strategy to a ‘plan’
- Nothing done nationally to tackle alcohol affordability and no tobacco plan

Council and public participation in STPs

- Hackney Council not engaged ‘at all’ in initial drafting of the NEL plan.
- ‘Missed opportunity’ because STP could learn much from Hackney about public health and public engagement
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Hackney Council’s position on the STP:

- Focus of STPs is money: some good ideas but energy could be better directed
- Sums ‘don’t add up’. No evidence it will save money and cut hospital admissions
- Local authority accountants have ‘real difficulties’ with signing off on STPs.
- Not clear what STP means at the local level yet
- Public would respond better if local NHS was honest about why funding gone
- We don’t want an overarching body telling us what to do

Integration of health and social care budget

- Hackney Council and the City & Hackney Clinical Commissioning Group (CCG) are looking at pooling budgets for health, social care and public health
- Integrated commissioning won’t solve anything immediately but it will enable the partners to look at our money ‘in the round’ and make more sensible decisions to improve the area
- There’s no ‘emotional connection’ to north east London and it is hard to plan services across ‘footprint’ as there’s no existing trust or relationship

Hackney Council’s conditions for signing up to the NEL STP

- Hackney Council is unclear about what it means to sign-up to the STP
- Four conditions need to be met before council will consider signing:
 - Proper consultation with local people on what the changes actually mean
 - Proper engagement with the council
 - Respecting what Hackney is already doing, e.g. the devolution pilot.
 - Council won’t support money being taken from Hackney to prop up other parts of the system.

Speaker 3: Coral Jones, GP and Hackney Keep our NHS public representative

What's behind the current NHS crisis?

- Problem in NHS isn't overspending, it's underfunding and understaffing
- Hospitals are full, ambulances queuing at hospitals and we now have 'corridor nurses'
- UK has 2.8 beds/1000 per capita compared with Germany's 9/1000
- We have the second lowest spend on healthcare in Europe
- Social care cuts 'make it impossible' to save money keeping people out of hospital
- Central government has blamed crisis on elderly people, GPs and foreigners.
- Claims are false and misleading as NHS staff are very committed and overworked
- Money not claimed from foreigners using the NHS is small (0.2%)
- Government blames patients for being 'too old and too needy'
- Deprivation and austerity having [a serious impact](#) on people's health, 'storing up misery and ill health' for the future

NEL STP's view of STPs

- Ideas behind STPs (integration) 'aren't all bad' but plan is unrealistic and will destabilise the system
- STPs rushed through and are 'unrealistic'
- All STPs are slightly different but all aiming for same thing - close A&Es and beds and downgrade staff
- NEL STP predicts a 50% reduction in GPs across East London in next five years
- Doctors will be replaced with 'physicians assistants', nurses by 'nurse assistants' and receptionists will be expected to triage
- STP 'doesn't need to exist' in north east London – we already have integration projects like devolution pilots in BHR and Hackney

NEL STP – no accountability/transparency

- No-one knew about the plans – no-one has had any say, doctors weren't asked
- Difficult to get health managers to say anything about STPs
- We have had to rely on councils who have been fantastic challenging the plans
- STPs have no decision-making or statutory powers
- Problem is STPs *are* making decisions but without clear accountability

NEL STP – the money

- Overall STPs have been instructed by NHS England to make £22 billion in savings by 2020/21
- Spend on private contractors for NEL STP will be £1.9 million in 16/17, and £3.6 million in 17/18
- BMA says overall [£9.5bn is required to make the changes](#)
- Around £500,00 million is likely to be needed for the NEL STP alone
- There are no financial project plans – more contingency needed
- Capital funds for the buildings and equipment needed has already spent on running hospitals

Audience feedback and questions

1. *I don't know what STP is. It just frightens me so much. How will you make sure elderly people get the care they need? Will the NHS work with social care to support people properly?*

SC: It's about bringing them together. There is a will and a commitment from the partners. It's not all going to be achieved by 2020. The STP was written at breakneck speed and it wasn't necessarily done in the right way. Going forward, we're committed to involving people.

CJ: A lot of this about disguising the cuts. NEL STP is completely unnecessary. We will have a well-functioning Devo pilot in Hackney and in Waltham Forest. STP is not adding anything.

2. *Abbreviations don't mean anything to most people so can everyone please explain them.*

3. *STP is very short on detail. Where is the money going to come from to fund the infrastructure you're talking about? The [BMA estimates £500 million would be needed for the NEL STP](#).*

4. *Concern expressed about closure of the A&E at King Georges and closure of path lab at Homerton Hospital.*

SC: The closure of the A&E at King Georges is something that has to be done. But we're doing this by giving thought to what needs to happen to meet the need there in other places.

5. *These new models of care - a lot of patients want care from a person so how will care closer to home work and what is the evidence for it? Digital enablement isn't going to be suitable for many people who are older.*

SC: There is evidence care closer to home works for patients. There are some people digital enablement isn't going to work for. It's about giving people choice. It's not a one size fits all model. It's about clinicians recognising when someone needs to be seen in person.

6. *'I understand that of the £3.6m budget for the NEL STP in 2017/18 £2m will come from the HEE Workforce budget. Can you confirm that this will not impact on the training of healthcare professionals?'*

SC: We are looking at key workers' accommodation and skilling up staff, making it an attractive offer.

You missed my point. £2million of the 2017/18 budget comes from Health Education England. Is this training money being used in the general budget for general running costs?

SC: I am not sure that is quite true. I can't speak to finances but will check this information and get back to you.

7. *Everything is intended to 'close the funding gap'. Labour should be saying they will not impose massive cuts. People already do not have the help they need in hospital or at home. People should support the Our NHS demonstration on 4 March.*

8. *What do you think about the high private consultants' fees that are being paid by STPs?*

JM: To be fair the STP isn't a legal entity so anyone it does employ will be a consultant. Generally, I don't think consultants' fees are a good use of money.

9. *You [Coral] said you found health managers reluctant to talk about the STPs. Surely they have a duty to do so?*

10. *We should be calling for a fully funded NHS with no cuts and no privatisation. Have you heard how much it's costing? Will the STP representative be going on the Save Our NHS March?*

11. *There's a lot of waste in the NHS in terms of procuring equipment/medication that could be got cheaper, as well as waste. Why can't this be addressed? Money could be better used to save King George's Hospital and free up beds.*

12. *There are things in STPs that people have been trying to do for years. Why are they going to work now?*

13. *City and Hackney CCG decided not to sign the memorandum of understanding (MOU) with the NEL STP at its governing board meeting until a number of things were clarified. Will Hackney Council sign the MOU with the NEL STP?*

JM: It's not in the interests of Hackney residents that no one from the Council is in the room influencing decisions as part of the STP. The MOU doesn't mean we support the STP – it's about agreeing to be involved in discussions.

One person is not enough. We need to insist that local people and professionals are on the list of people needed to support the MOU.

JM: There needs to be a voice for local people and they need to take it seriously. There is the CCG and Public and Patient Involvement (PPI) but it is about more than the NHS. We are not happy with what has been done with and we need to hold them to account locally. I have sympathy for Samantha's role as she can't provide any technical details. We need to know what does this mean locally, for local people, for mental health services and for Homerton Hospital.

14. *What is going to be public involvement in STP community network? How many patient and public representatives will there be, how can they find out about it and how many will be from Hackney?*

SC: We will make sure we work with Healthwatch across the NHS. We will identify their networks, tapping in as far and wide as possible. And the public can come to us.

How? The public doesn't know anything. It is too late [in the process]. SC: It is not too late

15. *Pooling money must not mean Hackney ends up bailing out other areas.*

16. *The CCG has a patient user experience group (PUEG) where patients can give feedback on services – why doesn't Hackney council have something like this? And what about youth representation in these structures?*

JM: Councillors are democratically elected representatives. I regularly go to meetings like this to engage with local public and get their feedback. I do take your point that there is more we can do on this.

17. *Are STP governance meetings held in public and can we attend them?*

JM: The council is in dialogue with the NEL STP about the governance arrangements because the council and Hackney patients/public are side-lined in the current structure set out in the in the draft MOU

18. *Who is challenging the high cost of agency staff and procurement and ensuring use of generic brands?*

19. *There were no answers on the path lab at the Homerton.*

CJ: The path lab at Homerton Hospital will be downgraded. The involvement of Lord Carter and his recommendations threatens whole hospitals. We also haven't mentioned Bart's gnawing PFI debt. We have to be careful how this affects Hackney.

20. *Where are decisions being made in public? Consultation is meaningless unless the body consulting is subject to law. STPs are not statutory bodies. How can they make decisions that affect patients and how do we ensure they still have to consult and engage the public? We have to know how, who and what it means. Otherwise this is just one more 'nice little meeting' with smiley photos. We need more information about this [STP] process otherwise we will see it slip away from us.*

CJ: STP is not a statutory body. It is imposed from above. It has no power to make decisions. It is driven from the centre. The problem is that they are making decisions but without clear accountability.

21. *I am an expert patient. I have been seen by seven different hospitals – I am expensive. They cut my hospital OT, a long time ago. Now social care is saying they can't help with my daily living. We are under pressure with PIP and ESA. And people feel pushed by the NHS. This has affected my stress and mental health. So cutting help in one area and putting me under pressure creates more cost. I know the cancer is coming back because of the stress.*

22. *We are still the sixth richest nation. We can afford the NHS. It's disgraceful that the head of the NEL STP didn't come to this meeting. If this is supposed to be a consultation, you can keep it! NHS England produced a 68 page document on public and patient engagement and consultation - pages of it. Every bit ignored for setting up the STPs. They should be asking us. The whole idea of STPs is that they're not meant to work. It's meant to destroy the NHS and is the route to privatisation.*

23. *As the Hackney Devolution Pilot is being funded by the Hackney partners in the absence of any external funding can you explain what added value the STP brings that justifies the Hackney partners funding the STP as well as the Devolution Pilot which does aim to deal with the issues facing Hackney?*

24. *Social care is severely lacking; no support for the bed bound without family or friends. No understanding of complex conditions. Even GPs are far behind other boroughs in London. You present with symptoms and are told "no more money". Private health care is here for the born rich. There has to be better engagement with elderly and infirm. Mental health services in Hackney severally behind other parts of London too. My wife been has been waiting over 1 year to be seen.*

Meeting publicity

The public meeting was widely publicised across Hackney including in the two weeks prior to the event.

- 720 A4 & A5 flyers distributed in community settings including GPs & pharmacies
- Council's What's On listing
- Social media (Twitter and Facebook)
- Via Hackney's network of patient voice forums including, carers, disability and Turkish-speaking communities
- Email distribution
- Mail Chimp messaging x 2 to membership and supporters (+ 720)
- Text messaging to x 100 members
- HWH newsletter

Further information:

- [Healthwatch Hackney statement on the NEL STP](#)
- [Draft NEL STP](#)
- [Keep Our NHS Public Frequently Asked Questions on STPs](#)

