

Healthcare for London: Consulting the Capital

Response to the consultation from the Health Scrutiny Task Group & Westminster City Council

1. Firstly, we would like to thank you for the opportunity to respond to the Healthcare for London consultation. Westminster Health Scrutiny Task Group and Westminster City Council have been, and continue to be well engaged in the consultation process and have received a number of briefings on the proposals.
2. Westminster Health Scrutiny Task Group has also participated in the London Wide Scrutiny Commission to consider the proposals put forward by NHS London. In addition to the consultation with ourselves directly, we have also been impressed with the consultation process undertaken with members of the public.
3. We have carefully considered the implications of Healthcare for London for Westminster residents. Our response is as follows:

General comments

4. Overall, Westminster Health Scrutiny Task Group and City Council endorse the principles put forward in the consultation document and the direction of travel they signal. We also agree that this change is necessary to secure the health outcomes for Londoners in the future.
5. We would like to emphasise however that our endorsement of the principles for the models of care does not pre-empt our response to any proposals for specific changes to health services. Any proposals which may follow as part of the Healthcare for London consultations will be considered on a case by case basis before we form a view as to whether they will be in the best interests of Westminster residents and their health outcomes.
6. In general, Healthcare for London would benefit from a greater emphasis and more detail about delivery and development of preventative services. These services are central to securing the health and wellbeing of the wider population and are an essential element of demand management, ensuring resources are available to reinvest in service improvements.
7. The direction of travel outlined in Healthcare for London would be strengthened through more specific exploration of the role of Local Authorities in supporting the NHS to deliver this shift in healthcare, the delivery of preventative services in particular, through Local Strategic Partnership arrangements and through the new Local Area Agreement. An important element of this that will need to be taken into consideration is the Comprehensive Area Assessment (CAA). The CAA places an even stronger emphasis on partnership working and how delivering and driving improvements in a local area is achieved through these partnerships.

Specific comments:

a) Health inequalities

8. The report recognises and makes reference to the significance of health inequalities in London. The proposals however do not explore in depth how the suggested improvements in health services will address the stark inequalities currently experienced in the City and we would welcome more detail on this area.
9. Care needs to be taken to ensure that the proposals do not in fact present a risk of increasing the levels of inequalities experienced. For example, the increase provision of care at home across a number of the themed areas including maternity and end of life care is sound in principle, but does not take into account the existence of overcrowded housing in London, the conditions within some of these homes and the high proportion of single-person households in Central London. It cannot be assumed that care at home is always an option for our populations and travelling further for services will have the greatest impact and pose the most significant challenges in terms of access for the most vulnerable people.
10. Healthcare for London would also benefit from a greater and more explicit recognition of a partnership approach to tackling health inequalities and improving public health. Westminster City Council and other City partners play a key role in improving the health and wellbeing of the population in Westminster, and this strong basis could be built upon through shared resources to tackle obesity, alcohol misuse and physical activity, for example, and in particular amongst Westminster's most deprived communities. The Council also plays a key role in tackling the wider determinants of ill health through education, housing and economic development and this role should be more strongly reflected in this work programme.

b) Acute care

11. Westminster Health Scrutiny Committee and Westminster City Council endorse the proposals to offer a broader range of pathways into urgent care. In delivery of this shift however, the complexities of why patients choose particular care pathways need to be addressed in their cultural context.
12. As the consultation document recognises, London is a diverse and multi-cultural city, with a shifting and mobile population. Inappropriate use of A&E services can often be because people are not registered or do not know how to register with a GP, or culturally are more accustomed to using acute health services, rather than primary health care. Whilst a polyclinic attached to A&E may address some of these barriers, it will need to be coupled with other strategies to raise awareness of health service choice, such as including information in welcome packs for new migrant communities as proposed by the Mayor of London.

c) Planned care and end of life care

13. Supporting greater choice and control for service users, and enabling people to receive care in their own home is welcomed as a principle and aligns well with the strategic development of services in Westminster.
14. However, the expansion of rehabilitation at home and end of life care at home will have an impact on social care services and carers (sometimes referred to as informal carers). There will need to be close work with carers in the implementation phase of these proposals to carefully work through the implications for them. Successful implementation will also require strong partnerships and joint working with social care providers and commissioners.

d) Primary health care and polyclinics

15. The development of polyclinics is welcomed locally but requires a rigorous assessment of cost, opportunities and the need to develop local solutions. In Westminster, there are a range of models for primary care within General Practice and the proposals within Healthcare for London need to build on these existing arrangements rather than replace them.
16. Integration of health care delivery from these clinics with a range of local authority services would be a positive move forward for seamless service delivery for our shared community. We would welcome further exploration of the opportunities within this.

e) Estates and investment

17. Local authorities will play a key role in supporting the NHS estate developments associated with this strategy in the development of polyclinics. There will need to be early engagement on this issue, in particular to build in requirements to the Local Development Framework Core Strategy.
18. Thank you again for the opportunity to comment on this strategy which has significant potential to support healthy communities and individuals across London.