

Healthcare for London: consulting the capital

Response by London Councils

1. London Councils is committed to fighting for more resources for London and getting the best possible deal for London's 33 councils. We develop policy, lobby government and others, and run a range of services designed to make life better for Londoners.
2. This response by London Councils reflects the responsibility of Leaders of London boroughs and lead members for service delivery and developing partnerships and communities in London. It is separate from the views of those members charged with a broader scrutiny responsibility which will be captured in the work of the London-wide Joint Overview and Scrutiny Committees established to consider the Healthcare for London proposals.
3. London Councils welcomes the opportunity to contribute to the development of London's healthcare strategy and the broad aims and objectives of the consultation paper.
4. London Councils is however concerned that some of the local consultation has raised issues of change in service in advance of the completion of the London healthcare strategy. London NHS is asked to ensure that there is effective consultation on all proposals for change to ensure that local interests may contribute to planning future services.
5. London Councils will continue to monitor local proposals and borough councils will require close involvement and opportunities for scrutiny of specific proposals as the Healthcare for London programme develops.
6. The drive for improvement in health care should be a top priority. More should be done to ensure every resident of London gets equal access to world class health care appropriate for the people who contribute so much to making London a world class city. It is essential for all patients and their carers, to receive quality services and to be assured that the right links to further care and support is available when returning home from hospital.

7. It is also necessary to build confidence in London's NHS and, where appropriate, the case for change in local services. Working closely with London local government, the thriving community and voluntary sector, carers, parents and the people of London themselves is needed to build services and achieve a major improvement in the health and well being of all who live and work in the city..
8. There are major challenges. Inequalities in health across London and inequalities in access to effective treatment need to be tackled urgently. Too many Londoners struggle to register with a GP or dentist; it remains difficult for people to make an appointment at a convenient time. .
9. The NHS does not yet deliver the value for money that is needed to obtain the best from the resources given to it.
10. London Councils will continue to make the case to Government for fair funding of both local government and health services. Substantial investment is needed to achieve high standards for all Londoners. It will be necessary to invest in community and primary care services and to invest in social care where that is needed to deliver high standards of continuity of care and home care.
11. London NHS will need to deliver a greater level of management skill and control to deliver quality services. While progress has been made in addressing the recent financial issues in the NHS in London, London's NHS must meet the challenge of poor services in critical areas as well as the challenges of high mobility, tourism and migration, poverty and deprivation across the capital.
12. Poor delivery of health care in parts of London will require a coherent financial and estates management plan to achieve the improvement that is essential.
13. London's NHS must be better engaged with local government and local communities. Once again, positive progress has been made recently. It is worth re-affirming, however, that London's councils offer accountability to their communities as well as providing services that enhance the health and well being of the population and deliver the home care and residential care needed to enable the NHS to achieve its objectives. Future consultation on services should be delivered jointly by PCTs working with London's councils.

14. Local strategic partnerships, local area agreements and comprehensive area assessments should be a key part of the engagement of the NHS with its local partners. Strong local partnerships are necessary to identify priorities, focus investment to deliver better services and offer the essential continuity between NHS and London local government.
15. London Councils and NHS London should work with the boroughs and PCTs to secure robust support of people with continuing care needs and achieve the transition to new arrangements now proposed by Government. The promotion of choice and personalisation of services is a shared objective for both councils and NHS alongside the development of direct payments and individual budgets that require close working and understanding of objectives.
16. The Healthcare Strategy for London should include greater emphasis on local delivery. The PCTs and NHS trusts must develop stronger partnerships with the London boroughs and their communities to ensure that service developments are geared to meeting local concerns and opportunities. Commissioning services jointly with local government, and building services around communities requires further development as the next stages of transforming London's NHS get underway. London Councils is keen to pursue the issue of local accountability in commissioning of healthcare with NHS London.
17. The general direction of the Healthcare for London strategy related to hospitals is right – all hospitals should offer treatment quickly and in partnership with patients who are confident that the treatment will be safe and effective. Additional investment in new technologies and specialist treatments that are both proven to work will be needed. However, it would not be right to close valued local services unless communities are satisfied that alternatives offer a clear improvement in access and quality of care.
18. The emphasis on achieving a new balance between the investment in hospital care and investment in community health is right. The reduction of costs of hospital and acute care could be achieved provided that primary and social care services are also in place and receiving the financial support necessary. London boroughs face severe restraints on spending and new resources will be needed to achieve the investment in social care envisaged by the report. A joint programme between NHS London and London Councils

to address the social care and other costs associated with the changes is required. This can build on the work that we are already jointly engaged in.

19. It will also be necessary to invest further in local health care and prevention services to reduce the call on acute and specialist health care.
20. The prescription for the health service in London can be improved. The next stage of development will require development of coherent local services, publication of investment priorities and strong partnerships with local government and communities. Robust local strategic partnerships between NHS and boroughs are key for investment. A clear strategy for the use of estates, new transport and employment/training strategies are needed as well as building strong partnerships for continuity of health and social care.
21. The proposals can be improved through specific schemes for::
22. **Greater investment in public health solutions** – London's record in tackling the public health issues that can prevent illness and premature death is mixed. Stronger partnerships with local government and a renewed drive to support people to reduce smoking, alcohol consumption and obesity while encouraging people to immunise their children, promote contraception amongst young people, increase physical fitness, promote mental health and improve diet can each show results by reducing calls on health care. A renewed approach to public health, involving shared resources with the London boroughs working with schools and voluntary agencies, can create a focus for work with communities in London and take action to tackle local issues.
23. **Local solutions to improving primary health care** – the aim of providing a range of services – including local government services – in health centres is important. A range of options including a networked polyclinic, same-site polyclinics or hospital polyclinics should be considered if the polyclinic model can provide combined services that are accessible and offer improvements on current provisions. Given the importance attached to the development of polyclinics in these proposals, London Councils is concerned that more has not been done to define more closely the spectrum of facilities they might include. There is a relationship here to the level of general public understanding about polyclinics and the proposals overall. Building a clearer level of public understanding is

vital to the task of building support among community for any proposed changes being proposed.

24. There has been insufficient assessment of the cost and opportunities for local solutions involving GPs to meet local circumstances. The focus on better access to GPs, improved access to therapies diagnostics and treatments is vital. The NHS should ensure that GPs, communities and London boroughs are fully engaged in the development of primary and community health care in each area involving integration of services and extended access based on a range of approaches is appropriate. Particular care needs to be given in developing and explaining potential changes with those people, particularly older people, who place a high degree of importance upon their relationship with their individual GP.

25. **The modernisation of hospitals and creation of specialist units** – the case for a coherent framework for acute care is made. The development of local hospitals, major acute hospitals, specialist hospitals and elective centres offer a basis for continued investment in equipment, staff and buildings to achieve world class standards in London. Once again promoting an understanding among the public more generally about the future role of hospital facilities and the relationship of these proposals to what polyclinics are likely to offer is vital. The NHS should ensure that new services are accessible, understood by the communities that they aim to serve and are in place before current services are closed. All services must meet high standards of care, hygiene and efficiency throughout the consultation. While the consultation focuses on stroke and heart disease, there are also wide variations in treatment for cancers and inequalities in the care of children and young people that must be tackled. Robust arrangements for admission and investment in aftercare and social care must be developed with new centres prior to their introduction. The development of initiatives such as “virtual wards” that build confidence and administration in the continuity of care and social care should be evaluated and extended as appropriate.

26. **Improved mental health services** – London NHS should aim to generate a full spectrum of care and support for people with mental health concerns including secure beds for patients in crisis and safe release into the community, emergency admission through specialist units, outpatient support through drug and counselling treatments and talking therapies. Mental health trusts should seek to build partnerships with communities and social care and include, as part of treatment, work with agencies that can deliver

opportunities for people to work and maintain inclusion. There should be greater consistency in the role of child and adolescent mental health teams across London and equal access to “talking therapies” across London. Mental health services will need to develop a preventive approach to mental health and well being. The mental health services should be working closely with schools, colleges and youth centres. London NHS should achieve integration of drugs, alcohol and mental health services in the interests of effective patient care as well as generate opportunities for patients. Mental health services will need to work with employers and deliver services in prisons to reduce re-offending.

27. Children and young people – a stronger role for the NHS in schools and working with councils to support young people on contraception advice, reducing teenage pregnancy and tackling the allure of drugs and alcohol. The NHS will need to work with schools and families to improve access to mental health services and tackle obesity. The NHS will need to develop new ways of working with children and young people in hospital and through aftercare. New ways of working between health, schools and family centres are needed to build interest in and understanding of health and well being. While major improvements have been made in the care of children and young people with acute and long-term medical conditions, a clear strategy is needed to extend engagement and prevention work in the next stage. While specialist hospitals are needed, opportunities for local treatment of children and young people is also necessary to build knowledge and awareness of child health issues and reassure parents and carers.

28. Maternity and newborn care – the proposals include ambitious targets for the expansion of maternity care and offering choice to expectant mothers. Mothers should have access to continuity of support from a midwife throughout pregnancy and post natal support. However, the persistence of child poverty and single parent households illustrate that the NHS has a continuing role and a commitment to maintain (with other agencies) contact with mothers and children throughout early years to ensure access to day care, schools, training and return to employment is needed. A programme for the training and retention of midwives and specialist staff able to meet the needs of children and young people is required.

29. Phones and ambulances – the report sets out options for new phone contacts and non emergency contacts which may be confusing when patients generally prefer access to their local GP/polyclinic and support from the ambulance service in emergencies. London

Ambulance Service is seen as effective. A further drive to reduce non emergency calls through public information and registration with a GP is required. Local services should include improved phone access to polyclinics and GPs. The review is an opportunity to introduce simplified funding arrangements for the ambulance service (and air ambulance) and develop new support arrangements for people with major mental health concerns or dementia where transfer to accident and emergency is not always appropriate. The training of paramedics should be extended to ensure early interventions and support for non emergency cases is needed.

30. **Estates and investment** – The Healthcare for London Strategy should comply with the London Plan and borough planning objectives. The strategy and individual schemes should ensure the NHS estate is used effectively and that opportunities are taken for shared use of premises and mixed use of development land. Effective working with London boroughs and the Greater London Authority is needed to deliver early options for the use of land and buildings including new uses such as recreational activities and sport to help people gain fitness. .
31. **Transport** – The Healthcare for London Strategy should include opportunities to reduce the need to travel and repeat visits to hospital and other health care services. The strategy should ensure that additional costs are not generated for patients or for local government in supporting vulnerable people gain access to health care. London Councils will continue to assist the development of a new travel strategy that will increase public transport access to health care.
32. **Cost to social care** – The Healthcare for London strategy can bring additional costs to social care due to reduced hospital stays, recovery at home, home care and maternity services at home and enabling people to choose to die at home. London Councils and NHS London will review costs and investment strategies with the boroughs and PCTs. New Joint Strategic Needs Assessment, Local Strategic Partnerships and Local Area Agreements will require additional resources from the NHS. There are opportunities for joint commissioning of community care and social care, pooling of budgets and better support to people with continuing care needs, people with long-term conditions and people at the end of their lives. A strong commitment to partnership working with London's councils and voluntary agencies is needed to meet costs, develop new markets and introduce greater choice in services across London. Advocacy and support of carers and volunteers are joint concerns for boroughs and local NHS services. London Councils

is working with NHS London to assess current community care costs and set a framework for assessment of future costs and the outcome of this work should be used to inform both the London Healthcare Strategy and local proposals for service development.

33. London Councils will continue to work with the boroughs and NHS in London to assist the development of quality health care services, fair funding for boroughs and NHS service and the investment in quality health and social care accessible to all.

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