Info@ealingsaveournhs.org.uk

Comments and Response from Ealing Save Our NHS on

"The Case for Change for a Single NW London CCG"

BACKGROUND

This is the second "Case for Change" document from the NW London Collaboration of CCGs. The previous one titled "Commissioning Reform in North West London – the Case for Change" was produced in May 2019.

Important issues were raised by Ealing Save Our NHS (ESON) in response to that document, but almost none have been addressed. Exactly how the Change will be made is still unclear and the Case is not made. Unfortunately, there is little doubt the top-down orders for yet another NHS re-organisation will be pushed through.

No less than seven sections of the 2019 document concluded with lists of problems headed "*What we still need to explore".* Overwhelmingly they all remain unexplored in the second document. We are therefore attaching the ESON response to the 2019 document as part of this consultation.

The Case for Change is an attempt to apply the NHS England Long Term Plan to North West London. This Plan takes NHS organisation in a quite different direction to the 2012 Health and Social Care Act, requiring services to be controlled by Regional Integrated Care Systems (ICS) rather than CCGs. The document says *"The NHS is moving away from a commissioning/provider split*". It means ICSs will have more rigid budgets and means a further move away from clinical to administrative/political control.

Since there has been no legal change to the legal status of CCGs, they are to be merged into a single North West London CCG to enable a delegation of statutory power to a North West London ICS.

Despite the talk of visions and consultations the key decisions have of course already been taken at a higher level. We, the public, along with the 8 CCGs, GPs and 8 local authorities are in fact being presented with a fait accompli. As the document itself admits *"each ICS is expected to have a single CCG."*

The monumental challenges of the Pandemic have been partly used as a justification for some of the decisions that were already under way. While some centralisation was needed for the pandemic, it also showed the importance of empowering local NHS staff to work as they know best, without interference and certainly without the sort of administrative centralisation proposed in the Case for Change.

SHORTCOMINGS

The proposed Changes are going in exactly the wrong direction – services being restructured to cut costs, increased contracting out to the profit-making sector, reduced clinical control and a huge undermining of accountability and transparency of this key public service.

Being finance rather than clinically driven, the proposed changes don't even appear to be thought through.

Shockingly, the relationship between the two leading bodies of the ICS and single CCG is not explained.

The difference if any between Borough Teams and Borough Committees is not explained.

The Powers of the Borough Teams or Committees are not explained.

The proposed financial responsibilities and divisions between the ICS a new Borough teams or organisations is not explained.

INEQUALITIES

"Centralisation" of services locally and nationally has generally led to a centralisation **away from the poorer communities.** There has also been a breakup of holistic provisions along with contracting out of services. The poorer you are, the more disadvantaged you are, the less educated and articulate and the less able bodied, the harder it has become to access services. The ongoing pandemic has highlighted the frighteningly higher death rate among minority and poorer communities.

The second Case for Change Document refers to these issues at the very start saying *"Our vision for NW London Integrated Care System (ICS) is to reduce inequalities"* but ESON fears that inequalities may instead increase.

Ongoing undermining of Ealing Hospital, which services the predominantly minority and needy community of Southall shows how little the move to centralisation has taken account of local needs. Many people can't afford to travel for hours by bus to Northwick Park Hospital, can't deal with online services and will be squeezed out for a variety of similar reasons.

Unfortunately, the inequalities referred to in that opening statement are not even referred to in the rest of document! The only inequality that comes up is a difference in spending per head between local authority areas. Apart from that, there is a single reference to equalities as a responsibility allocated to Borough teams and for some reason bracketed with 'engagement' - perhaps because it's seen as a PR issue.

MENTAL HEALTH AND SOCIAL CARE

Mental Health and Social Care are widely regarded as the Cinderella's of our health and care systems. The exclusion of local authorities from the 'Case for Change' re-organisation proposals presage a reinforcement of the division between social care and health. Unless Local Authorities are involved in the ongoing strategic discussion, social care can't become further integrated.

Even at the Borough level it's proposed that an 'Out of Hospital Director' would pull together GPs, community health and mental health – but not social care. Just how unintegrated is that?

For the NW London Regional CCG governance there is to be no mental health representation. Nor are the disastrous levels of mental health support addressed in the Case for Change. Earlier suggestions that already overworked GPs might somehow do more seem to have faded away leaving the document with nothing to say.

LACK OF PUBLIC ACCOUNTABILITY

Our experience of attending CCG meetings is that they have been led by managers and, if anything, have been an additional burden on GPs. It seems unlikely the merged CCG will be different. As an example, right across England the CCGs are all dutifully voting to abolish themselves and merge. This obviously doesn't bode well for the next stage and illustrates a somewhat Stalinist version of democratic decision making.

ESON would of course rather have this current consultation than no consultation at all, but like everyone else we are aware the decisions have already been made. This also gives us no confidence that future processes will be transparent.

Indeed, the authors of the Case for Change document are themselves both informal non-statutory bodies - the NHS NWL London Collaboration of CCGs and the NHS NWL Health and Care Partnership. Yet it is they who are in charge and are managing with dubious legitimacy or accountability.

There is still no indication whether the ICS meetings will be open to the public. That is where the key decisions will be made.

In our view the elected local authorities are being pretty much frozen out. CCGs at least geographically shadowed local authorities who are at least rooted in local communities, are elected and have some accountability. But in the Case for Change the presence on the merged CCG of a single officer from all 8 boroughs is a fig leaf.

It's not clear what power the Borough teams would have, other than implementing decisions from the Single CCG / ICS. Will they be expected to carry the can for tight budgets with which to replace reduced Hospital services? Will they be open to any public scrutiny?

The concern is that, rather than operating transparently, members of the public may be appointed as a cover for 'engagement'.

In our experience Healthwatch is not a vehicle for public scrutiny. It has shown no propensity to review or criticise NHS policies, rather it involves volunteers to conduct surveys at the behest of the authorities.

EPIC appears to be an NHS NWL selected group of residents who may be approached when the ICS wants to introduce a new policy or change an existing one. Both of these bodies appear to be acting as focus groups on behalf of the NHS management. While this may be useful, it's along way from any accountability or transparency for publicly funded services, especially when the role of local authorities is to be hugely reduced.

We also note that there will be 5 lay governors but no hint of how they are appointed. To whom will this large group of appointees be responsible? Will they just be friends, trusted colleagues or perhaps appointees from the profit-making sector? The intentions behind this large influential group are not revealed, which gives us another cause for concern.

IN CONCLUSION

While the latest Case for Change document talks about levelling up Primary Care it provides no data or explanation of how that might be achieved other than reducing finance for hospital care. There is nothing on how to fill existing Primary Care vacancies or training on new responsibilities. There is no explanation on how to deal with the hugely increased waiting lists for hospital care and at the same time reducing the hospital budget.

It's hard not to draw the conclusion that this document is unfit for purpose, purporting as it does to lay out plans for multi-billion-pound re-structuring of vital services. Important issues are not dealt with as if this latest reorganisation has not been seriously though through or planned.

Oliver New
Chair, Ealing Save Our NHS
11 September 2020

From August 2019 :

Ealing Save our NHS Comments on the NHS North West London Collaboration of CCGs Document *"Commissioning Reform in North West London, the Case for Change"*

SUMMARY

The 'Case for Change' document proposes far ranging organisational plans, the content of which is quite undeveloped or even non-existent. There is a clear intention, however, to introduce rigid budgets which would inevitably lead to patients being denied treatment.

A confidential NHS document recently passed to Ealing Save Our NHS reveals that North West London NHS had a cumulative deficit (i.e. underfunding) of £324 million by 2018/19. A central response to this in the document is apparently to "stem growth of activity". In other words, to cut existing health services.

We believe this is the background to the "Case for Change" and the main reason we find it to be unsupportable.

AN INBUILT LACK OF CLARITY

The Forward to the Case for Change document starts thus:

"This Case for Change document is written in response to the NHS long term plan…. The long term plan raises other issues: how a NW London integrated care system would operate; how integrated care partnerships (ICPs) would develop at a more local level and the development of primary care networks."

Unfortunately in our view, the document doesn't live up to this challenge as it fails to explain just how the Integrated Care System (ICS) would work, nor how the proposed Eight ICPs would work. It is also vague about the development of Primary Care Networks.

The introduction continues: *"This document focusses on the first of those issues- a proposed change that would see NW London moving from eight CCGs to a single CCG."*

So even at the start it's unclear whether we are talking about *integrated care partnerships* or about CCGs. We believe this ambiguity reflects the fact that decisions have yet to be made.

The Case for Change also says: "We want to eliminate the administrative burden that comes from running eight statutory organisations". But they <u>are</u> statutory organisations, so how can they be replaced? Even merging them into a single CCG is legally dubious. The proposed solution seems to be keeping a CCG or CCGs and running a whole new structure of ICS and ICPs alongside, which obviously <u>increases</u> the administrative burden.

This lack of clarity is repeated throughout the whole document – a document, which claims to lay the framework for the NHS in a fifth of London with a budget of around £5 billion pounds.

Ealing Save Our NHS shares the view already expressed by other organisations that the document cannot be supported.

THE LEGACY OF SHAPING A HEALTHIER FUTURE AND ITS SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

If ever there was an example of officials ignoring the nakedness of the Emperor, it was the doomed Shaping a Healthier Future Plan for North West London, which, along with the STP, is to be replaced by a 'Case for Change'. Surely before NHS bosses embark on yet another re-organisation, they must make some public assessment of what's gone wrong so far. They can't pretend it didn't happen!

Every re-organisation necessarily impedes front line staff from settling down to the job. It moves experienced people around, demoralises many and frequently empowers the managers at the expense of clinical staff. If there is no balance sheet

of the disastrous SaHF, with its huge waste of money and time, how can we have any confidence in new proposals?

Some of the same people, who wasted possibly £200 million worth of NHS money in North West London on SaHF, have now put their name to the Case for Change! Are we honestly supposed to pretend the last seven years of attempts to apply SaHF never happened? Are we still to pretend the Emperor was clothed?

Many mothers in Ealing are distraught at the loss of Maternity and Paediatric services in Ealing Hospital – yet these awful closures of important services are claimed as somehow being "successes" for SaHF. Meanwhile, even after the official demise of SaHF, Ealing Hospital has continued to have services removed and there is clearly no strategic view of its future. It seems as though North West London senior managers are content to allow our local hospital to drift while they address their own organisational structures. Ealing Save Our NHS firmly believes this would not be allowed to happen to a hospital based, not in Southall, but in an affluent part of London.

Until the focus is on the needs of the communities, especially the neediest communities, local people are unlikely to support yet another re-organisation.

We do of course welcome moves to cut spending on administration:

"Maintaining eight separate statutory bodies is difficult to justify when there is so much pressure on health spending, and each statutory body costs an average of about £680k to run."

What the 'Case for Change' annual £680k figure for running each CCGs refers to is a mystery because data from the latest NHS NWL Annual Reports of the 8 CCGS reveals total 'workforce/employee benefits' of over £80 million.

There is of course no mention of the millions of NHS money given to outside management consultants for the failed 'Shaping a Healthier Future' plans. This amounted to £76 million between 2009 and 2017, at which point SaHF stopped publishing the figures. Is this just to be shrugged off?

THE CASE FOR CHANGE PROPOSALS

"We want to … move towards greater integration with the eight local authorities in NW London. We believe doing so will enable us all to achieve more for our residents in improving health and care services within the budgets we have."

This statement and others, though typically vague on detail, sets alarm bells ringing for more than one reason.

There are huge differences between local authorities and NHS services, in that local authorities are elected and accountable to the public. If decisions are taken jointly in committees with unelected NHS staff appointed centrally, this accountability would effectively be lost. There is no commitment in the 'Case for Change' that the ICP meetings of local authorities and NHS managers would even be held in public, like the CCGs, let alone any suggestion of accountability.

The other fundamental difference between the NHS and Local authority provided social care is that NHS services are free. It has often been pointed out that a person with dementia is faced with losing all their property including their house as they have to pay for social care, whereas the identical person with cancer would receive free treatment from the NHS. There are no assurances that combining budgets would not take us towards more care being charged for.

Even more concerning is the mention of services provided *'within the budgets we have'*. This is just one of several references to fixed capitated budgets not based on patient need.

For some time, it has been suggested that the underfunding of the NHS has been partly motivated by a philosophy of some in Government that more NHS services should be paid for as part of a deliberate 'shrinking of the state'. The proposition of the Long Term Plan to merge NHS and social care budgets does nothing to dispel that fear.

The proposed Integrated Care Partnerships appear to be motivated by centralised budget cuts. The proposed 'Partnership' would seem to be one of junior partners being overseen, at least in part, by a North West London strategic body (the ICS), in turn overseen by NHS London, NHS England and the Health Minister.

Exactly how will it work? The document doesn't say, presumably because they don't know. The only clarity is that budgets would be restricted and consequently cuts enforced. One code for this is "move away from payment by results". Apart from introduction of that key centralised financial straitjacket, it seems most other things are still vague for the grass roots level, presumably because:

"The operating model to determine functions which continue at local level will be developed over the summer as part of the engagement process. We need to develop further the framework for ICP development and encourage those who are furthest ahead to make progress."

Despite the inability to develop plans in key areas, the 'Case for Change' aks us to endorse drastic new organisational plans. In summary there would be an Integrated Care System (ICS) Board, a Clinical Commissioning Group (CCG) Governing Body, an STP Partnership Board, 8 Place (Borough) Teams', 'Local Committees'', 8 Integrated Care Partnerships (ICPs) and 47 Primary Care Networks (PCNs) management teams. All centrally controlled with fixed budgets for a huge area with massive variations of problems.

Will there be separate plans and separate budgets or a single plan and separate budgets or a single plan and a single budget? Answer – not decided.

It's no wonder that elected Councillors for local Boroughs have a wide range of concerns which included inadequate time to assimilate the changes for a 1 April 2020 start date, financial risks, budget organisation, how it will actually work in practice, cuts to services, no business case and staffing uncertainties.

So little has been worked out or decided - this is a senior NHS management demanding a free hand to make sweeping changes.

CENTRALLY RESTRICTED BUDGETS WOULD REPLACE PATIENT NEED

"A move to a single CCG will also support the move away from the payment by results system towards capitated outcome-based budgeting, support consistency and equity in our methods for engagement, and simplify system wide financial planning."

"At the end of financial year 2018/19 the eight CCGs in NW London had collectively overspent their budgets by £56.7m – we aim to manage our spending within our budgets."

"Over 30% of patients in acute hospitals do not need to be in an acute setting and should be cared for in more appropriate places"

Put these three extracts from the 'Case for Change' together and a frightening picture emerges. Already the LNWUH Trust was retrospectively refused funding for A&E patients, simply because numbers had exceeded an anticipated target. Having been denied funding in an unprecedented manner, Trusts are told they are 'in deficit' and should not 'be rewarded for the so-called overperformance of vital services.

This is quite patently not clinically driven policy but cuts driven policy. The new system would mean that patients would inevitably be denied treatment.

'NHS NWL has stated publicly that as these are just organisational changes and will not impact care services, no formal public consultation will be needed. However, as fixed priced budgets seem to be a central part of the reform commissioning package this would certainly impact on patient services by reducing, or at worst eliminating, some care services. Given this, surely the public must be formally and transparently consulted about these major changes.

ACCOUNTABILITY REPLACED BY 'ENGAGEMENT'

We have already made reference to the possible undermining of the current accountability of local authorities through merging social care into ICPs.

The refusal to examine the SaHF collapse highlights a cavalier attitude to accountability. If eye-watering sums of money can be wasted, thousands of staff demoralised and services cut in a failed project, how can the very same people expect support for a new project?

The Case for Change document has no proposals for public accountability. Accountability is one thing – engagement another. It's well known that for all its strengths, the NHS has always suffered from a democratic deficit relative to many other public services.

Currently the 8 CCGs do at least meet in public and are borough based and subject to scrutiny by local authorities. But a year ago the CCGs were collectively all given a new boss and expected to integrate their policies. The fig leaf of them being independent and clinically led was thus removed at a stroke!

Would the proposed ICPs (however they are constituted) meet in public? We are not told. The single CCG would do so, but a single CCG covering the whole of North West London would be remote from all local communities and of interest only to a dedicated minority and then only if they had the time and ability to travel across London. Furthermore, this single CCG would be subject to the decisions of the ICS, made presumably behind closed doors.

In a nod to the tax-paying public and patients, the 'Case for Change' proposes establishment of a huge focus group called a "citizens' panel" to be managed no doubt by the public relations/engagement team. Of course focus groups have their place, but they are a tool for senior management and should not be confused with public accountability. It's hard to imagine that the poorest from our communities would have a strong voice in this focus group.

Likewise Healthwatch. The Case for Change states that "*Healthwatch has always been represented in our entire governance structure and will continue to be so. Their active participation has enabled effective engagement across NW London, regular patient involvement in project development and implementation."*

During the seven years of huge public opposition to the Shaping a Healthier Future our local Healthwatch, the 'official' vehicle for public participation, barely even mentioned SaHF, let alone questioned this disastrous project in any way. Instead it focussed mainly on patient surveys requested by the CCG.

So in our view although Healthwatch no doubt has a useful purpose, it must be recognised as a wing of the health authorities and cannot be seen as representing the broader views of the public.

IN CONCLUSION

A team from Ealing Save Our NHS recently had the opportunity of a short meeting with the Accountable Officer and the opportunity to share our concerns. Helpful as this was in some respects, we were of the view that the 'Case for Change' was still extremely undeveloped. It became clear that proposals are deliberately kept fluid in many respects. For example there is no clarity on the functioning of the CCG in relation to boroughs, let alone how the ICPs would work.

Furthermore some hitherto existing categories such as what constituted an NHS District General Hospital are to be disregarded in favour of more fluidity. This reads like a free hand for the centre and a loss of clinical decision making in favour of centrally ordered rigid budgets.

A recent update provided for the North West London local authorities Joint Health Overview and Scrutiny Committee (JHOSC) failed to substantially address any of this detail, apart from lists of commissioning and management areas of responsibility.

It's therefore the strong view of Ealing Save Our NHS that to push all this through in the next few months as proposed would in our view be irresponsible.

NHS NWL has as yet failed to produce even a draft NHS NWL Long Term Plan. Clearly it would be putting the cart before the horse to introduce underdeveloped organisational changes before having an approved regional 5

year Long Term Plan to service the care needs of 2.2 million residents, let alone rushing it through uncompleted.

Finally, it's our belief that the rigid budget system underlying the Case for Change would inevitably lead to a loss of services to patients. Those with money might be able to purchase these lost services, but others certainly could not, further undermining the principle of Health Services for all.

4 August 2019