Dear Councillor Williams

We are grateful for the opportunity to outline concerns and views on the pre-consultation business case which your committee will be considering on the 31st January. My husband, Jim (75) and I (64), are residents of East Dulwich with care responsibilities. We have been attending SCCG meetings since October and have heard the findings of the Engagement Exercise presented at a meeting in Dulwich on the 24th July 2012. We have met with Andrew Bland, Malcolm Hines and Rebecca Scott and we welcome the dialogue which they have offered so far. This includes an opening for the consultation to invite proposals which extend beyond Options 1 and 2.

We made a submission to the South East London PCT Board Meeting (24th January 2013). What follows captures a number of the points made and the SCCG replies. We ask you to steer a consultation which truly reflects the scale of the challenges posed **across health, social care and public health** of the large and growing elderly population. We ask you to consider the opportunity offered by this unique site (Dulwich Community Hospital) to create an innovative model of integration and humane treatment. To make the site sustainable by widening the geographic target populations beyond Dulwich to include more of Southwark, Lambeth and Lewisham. We ask you also to steer this consultation towards seeking benefactors, leaders and champions for Health, Care and Public Health, just as the Arts did in the 1980's when public funding for the Arts was poor. We face here a world wide problem of the aged absorbing ever increasing portions of funds for health and care and of a growing resentment towards that elderly population. This consultation exercise could deliver something unique and imaginative; but to do so, its Terms of Reference should be broadened to seek those solutions. The constrained financial position should simply be laid out for the public to consider. We all need to be involved in and to feel that we own part of the solutions. It is our NHS and these are our Public Services. They must not be handed over to corporate interests.

This is the time for strong cases to be made which do indeed draw on the findings of the Engagement Exercise. However, that exercise was merely a 'wish list'. What are now needed are submissions, views, well-thought out proposals. So, we ask you to reconsider your agreement to consultation under Paragraph 244 and to steer the Terms of Reference and the Consultation Document towards solutions which are up to the task required.

You will find below what we have said to the SCCG, a summary of their reply, and what we are asking you to consider:

The (SEL) Boards are asked to steer the consultation process and content to fully reflect:

The unique opportunity which the Dulwich Community Hospital site represents to provide the revolution in treatment and care of the elderly, which Sir David Nicholson calls for (today) 21st January 2013:

> ...our modern hospitals have a highly technological way of operating. They are fast-moving and are organised around getting a diagnosis, referring the patient to the right place and getting treatment. They are very bad places for old, frail people." (Sir David Nicholson, the Independent 21st January 2013)
>
> We need to find alternatives. We need to put as much focus on that as we do on telling nurses to be more compassionate."

[Here the SCCG is showing openness in its response; however it adds the caveat of needing a critical mass of activity to remain clinically safe and to be cost effective.] ***Councillor Williams, would you please look at what that critical mass should be?***

The unique opportunity which the Dulwich Community Hospital site represents to provide the revolution in integrated treatment and care of priority groups across health and social care and public health:

Enclosure 10: Transitions and Closures in South East London and specifically Page 230 (SEL PCT BOARD PAPERS):

Lambeth and Southwark LAs are setting up a shared public health function. This is a complex transfer and a new joint working arrangement between the councils is underway. It isproposed that staff consultation starts week 14th January 2013. " (The SEL PCT Boards and Bexley Health Care Trust should recommend discussions for co-location of Public Health on the Dulwich Community Hospital site)

[Here the SCCG tells us that the location of the public health teams is a matter for the respective local authorities and that they are currently intending to stay in their existing office space.] ***Councillor Williams, we would be most grateful if you would scrutinise this from the point of view of an integrated health, care and public health perspective.***

The unique opportunity for integration and efficient and effective service to the numbers and use of premises which the Dulwich site represents.

Include **Monitor** (not mentioned in the text at all) and its role within the 2012 Act. Demonstrate compliance with Monitor's major role by providing evidence of where and how **integration** of Health and Social Care will be made to happen.

Make the case for Social Care for priority areas and groups as defined in the Pre-Consultation business case and specify stakeholder consultations. Who the stakeholders are; current arrangements and cost-benefit analyses of some co-location, where co-location would strengthen integration and the impetus **fo**r co-ordination and effective communication. (Too many reports of catastrophic failures within the care system have shown that these failures are down to silos bred by structures and barriers)

Make the Case for the Sector Skills Bodies responsible for Training and Development of Care Workers to locate a centre of Training Excellence on the Dulwich Community Hospital Site for best practice dissemination of care practice within residential care settings **and** home visits.

Make the case for Third Sector Health and Well-being organisations for priority groups (Priority Areas 3.4) on the Dulwich site and demonstrate **how** the hub and spokes service models will make integration happen.

[Here the SCCG has accepted the importance of appropriate reference to the future role of Monitor. It has also confirmed its commitment to us to further explore points we made in reference to social care, training and the contribution of the third sector. This is good.] C*ouncillor Williams, please use your good offices to ensure that all the impetus is towards integrated treatment and care and that the many silos and barriers are pulled down, not more erected. I think there is a good reason why IT companies still feel the need for co-location in Silicon Valley. People still need to see each other and meet for the best 'hubs' and 'spokes' to be modelled. We see the Dulwich Community Hospital site as a potential <u>National</u> model of integrated community based treatment, care and support for the elderly.*

This document is strong in how it defines intentions and aspiration. It states the strategic underpinning upon which its evidence is based. It does not make that evidence explicit. **The Boards should require the consultation documents to make their evidence obvious and clear to the lay reader.**

Specify with numbers and planning assumptions the priority populations and the demand they could generate using the 2011 Census for each priority area and their attendant populations. **Widen the geographic area and populations** to include contracts from North Southwark, Lambeth & Lewisham.

Describe the potential for income from that wider geographic and population area. **Present a cost benefit analysis of these broadened sources of revenue and how they would protect the sustainability of the Dulwich Community Hospitalsite.**

Make explicit the current demands for services by the priority populations covered by the priority areas. For example, give the numbers of 65+ patients currently referred by all Southwark, Lambeth and Lewisham GPs to the Department of Clinical Gerontology at King's (Betty Alexander). KCH Annual Accounts (2011/12) give its outpatient income as £ (000), 87,771. What proportion of that sum is for GP referrals from Southwark, Lambeth and Lewisham for Geriatric Medicine? Schedule 2 (2012) KCH Services lists 1533 First Attendance outpatients in Geriatric Medicine, and 4643 outpatient follow-up attendances. How many of these patients are on the lists of Southwark, Lambeth and Lewisham GP Practices? **This document needs tables to analyse the populations, evidence demand and show how integration will address and control the build up of demand.**

Specify National Priorities and Campaigns, such as Dementia, Obesity. State what the current funding streams are for these and how these are channelled. Has any work been done to seek "Health and Care Benefactors and Champions" as the Arts have done so successfully? **The consultation should be asked to invite Civic Champions and Benefactors within the consultation process.**

[Here the SCCG acknowledges in general terms the need for more detailed analysis, but its reply is 'mindful that we commission services for Southwark residents only.']
Councillor Williams, we are making the case to you to look more widely. Southwark, Lambeth and Lewisham can and do work together. They draw on common acute services and feel the impact, when pressure is applied on acute services shared in common. We attended the 26th January march regarding Lewisham Hospital and were shocked to learn of the current impact on King's (let alone what will happen if Lewisham A&E and Maternity Services are closed). We were also concerned to learn (Item 4 of the SEL PCT Board 24th January 2013) of board members already anxious about the impact on King's of closure at Lewisham. Hence in our view, the case for creating a more appropriate space for the elderly so they may be removed from pressured acute settings grows ever greater

The two case studies of people with Long Term Conditions and Older People do not illustrate the complexity of need requiring specialist, GP and Care integration. The work of King's Department of Clinical Gerontology, working as a bridge between the acute and the primary and community needs to be seen very clearly. **The following case study is offered. (Happy for its authenticity to be checked):**

Mrs MR is 89 with deep vein thrombosis, heart failure, bilateral pulmonary emboli, hypertension, hyper-cholesterolaemia, type II diabetes, peripheral vascular disease, Parkinsonism and overflow diarrhoea.

She is referred by her Southwark GP to King's Department of Clinical Gerontology (Betty Alexander Unit) whilst in the full-time care of her relative. King's have been providing her GP, Mrs MR and her carers with clear, exemplary and full guidance on how to manage these complex needs: full guidance on medication and the reduction of unnecessary medication leading to the avoidance of several A & E admittances. Mrs MR has been offered specific, practical advice understandable to the lay carers, on diet, medication management, physiotherapy, record keeping etc. Southwark Council's Handy Person Service and King's Occupational Therapist worked together to modify her home environment to the specialist's guidance. Mrs MR has lived for over three years at home and in residential care with quality of life since her referral.

The important perspective from the patient and carer experience has been that the clinical support was best delivered within the Dulwich Hospital site and has not, for most of the treatment, ever required the acute hospital setting. **In short, the King's site is often not needed. The Dulwich site is. Back to Sir David Nicholson... (See above)**

[Here the SCCG replies that although not a requirement, case studies are extremely useful. We welcome this.] ***What we are trying to say here is that as the population ages and so increasingly is not presenting as having lived healthy lives, there is complexity to be recognised. A real push for public health to reduce demand is needed. We thought that the recent research from Imperial College evidencing reduced paediatric A&E admissions as a result of banning smoking in public places shows that we are public creatures and that if we have a visible public space (in this case showing how best to care for the elderly), then we can get more people to change behaviour and reduce the pressure on services. Here, Councillor Williams, we are asking you to stress test with a broad range of realistic examples which properly address the demands Southwark Council does and will face.***

Given that such a site as the Dulwich Community Hospital will not be available again, the Boards are asked to question the assumptions and statements by both the SCCG and perhaps Southwark Council which lead them to affirm in Para 1.19: "Discussions with the HOSC (Health, Adult Social Care, Communities and Citizenship Scrutiny Committee) to date indicate agreement that the proposed changes are not deemed to be a major change

under Section 244 of the NHS Act 2006 and will not require formal consultation with the HOSC. " This section goes on to say that the SCCG will consult under Section 242 of the Act.

Not a major change?..! We are not lawyers. What we do see is a unique opportunity for an imaginative solution to major and intractable problems and **we affirm that the consultation should do its utmost to seek champions and leaders and support from the widest most practically located patient groups and carer populations and from civic society**. We are therefore pleased that the version (7) which the SEL PCT Boards and the Bexley Care Trust are considering here does now include the statement in the section on Decision making quoted below:

9.12 It is important to note that the CCG wishes to consult upon a proposed clinical model that addresses the case for change and responds to the feedback of patients and local people through the engagement exercise. Moreover, the consultation will seek to gain views on delivery options that the CCG believe are feasible and affordable. It is clearly the case that should, in the course of that consultation, alternative proposals and/ or delivery options that achieve or exceed those same objectives are brought forward or arrived at, they would also be considered within any future decision making process.

However, the consultation design and content needs to be explicit that the public are indeed invited to submit proposals in addition to Options 1 and 2 whilst continuing to make it clear that these are the options arrived at within the current financial planning assumptions. **Therefore, the Boards should invite the SCCG to give prominence and space for Options 3.** We truly believe that if the public finally feels properly consulted such as to allow them to own some of the solutions, the outcomes will be better accepted.

[Here the SCCG says "…that the pre-consultation business case states the plans for consultation and the CCG believes that these are aligned to the breadth and depth that is requested here. In response to submissions made to the SCCG in January 2013, the Project Board did not believe strong enough reference to the opportunity to hear and consider views of other options that may arise from the consultation had been made. This was reflected in the final document presented to the board."] ***Councillor Williams: we welcome that amendment to the document which you will see in the text presented to your Committee. We are asking you to ensure that the consultation document and process are indeed so designed as to be wide and that your committee gives itself the means to scrutinise closely***

Section E and Paragraphs 7.30-7.35: (This is a vitally important section where implications for the transfer of the site to NHS Property Services Ltd and for what Southwark Council's actual powers may indeed be are both complex and evolving.)

Therefore, we ask the Cluster meeting to insert two markers within this section. Firstly indicating that no staff resources will be diverted to options outside of Health, Care and Public Health until the consultation process is fully exhausted and all decisions have been taken. (We are already concerned to see active Liberal Democrat lobbying for a free school on the site.) Secondly, that strong representation will be made to the NHS Property Services Ltd **not to sell any part of the land.** A forward-looking exploration of the site requirements for health, care and public health must **first** be exhausted and some allowance made for future unplanned requirement.

Given that not much is known about this powerful new central body, it is important to give all members of the 6 PCT Boards and Bexley Care Trust some indication of the sheer size, power and ambitions of this new organisation. What is known about the power of the Local Authority vis -ā - vis the powers assigned to NHS Property Services Ltd? (Include as a minimum, the fact that NHS Property Services Ltd will employ 2500 staff and will be owning up to £7bn of NHS assets.)

The 6 PCT Boards and the Bexley Care Trust are making decisions within the most radical change of structures and landscapes in NHS history. This Cluster isa sked to include a tight timetable of frequent scrutiny meetings with it and with its successor structures to ensure that none of the developments are allowed to happen without full scrutiny and especially without full public involvement(242). **Our NHS is just that. It belongs to all of us**

[Here the SCCG gives a detailed and long response and I quote part of it: "NHS Southwark CCG's commissioning focus will be upon the health of its population and upon the quality and development of health services they receive… The CCG will also remain clear on its intentions for the areas to which it holds responsibility…etc"] ***Councillor Williams, we are not lawyers and I have no doubt that each statement is correct. Inadvertently, though, the SCCG builds another bunker. What we, the public need, is a solution which can reflect real lives. We are a retired couple who look after an elderly parent; we are ourselves parents. We are not unique. We may, however, be the last generation who were able to retire 'early' to provide care. We need you please to scrutinise across health, care and public health and across ages. We are hugely worried about the unknown impact of NHS Propco Ltd and of Mr Pickles' 'muscular localism.' We sense the 'guiding hand' of McKinsey's in ensuring that corporates gain as many contracts as possible and as much public money from the implementation of the Health and Social Care Act. We are an Anglo-American family with experience and fear of what***

American health care means for those without deep pockets and social standing

In summary, the thrust of the consultation should seize the unique congruence of opportunities and threats actively to invite additional submissions within the consultation. It will be clear from the above that the Pre-consultation Business Case should:

Allow for a wider population

Estimate the additional income derived from this wider population, from national priorities, and from champions and benefactors.

Include a more specified account of integration.

Use the consultation to explore whether more health and care sustainability is possible.

Give a prominent and strong role for Public Health.

The Boards should authorise the consultation to explore a wider range of stakeholders and champions, and to invite other technical submissions within the consultation. The outcomes of a fuller and wider consultation may well indeed produce other and better solutions for consideration within the constrained financial climate.

[Here the SCCG, confirms that points made in summary are valid..will help to shape and be reflected in the consultation and subsequent business case. They make a commitment to ensuring the appropriate role of public health in the project going forward.] ***Councillor Williams, we hope you will see that there is evidence of a good dialogue. At this stage, your role please is critical to protect the case for Health, Care and Public Health, to make certain that a practical and wide target population of Southwark, parts of Lambeth and Lewisham are accessible to Dulwich Community Hospital, and to protect that site for Health, Care and Public Health! At this moment, we do not need opportunistic lobbying for a 'Free' School from the Liberal Democrats.***

Thank you for your attention. We shall be in the public area of the meeting of your committee on the 31st January.

With Regards

Elizabeth Rylance-Watson and Jim Watson

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