Written Joint Submission by Healthwatch Worcestershire and Healthwatch Herefordshire to the Sustainability and Transformation Partnerships inquiry by the Health Committee.

Submitted by Peter Pinfield, Chair of Healthwatch Worcestershire and Ian Stead, Chair of Healthwatch Herefordshire on behalf of their Boards to reflect the local Healthwatch experience of the development of the Herefordshire and Worcestershire STP and the STP Plan, and suggestions for the future with a strong focus on engagement at all levels with patients, service users, carers and the public.

1. Healthwatch Worcestershire [HWW] and Healthwatch Herefordshire [HWH] are contracted by Worcestershire County Council and Herefordshire Council respectively to deliver the statutory local Healthwatch functions to those who live and/or work in Worcestershire and Herefordshire.

2. The Herefordshire and Worcestershire STP footprint with a combined population of approximately 785,000 is the smallest STP footprint population in the West Midlands. The basis for NHS England's decision to create a STP footprint of Herefordshire and Worcestershire was unclear when it was first discussed at the Worcestershire Health & Well Being Board given the quality, safety and financial challenges faced by the NHS organisations in both Herefordshire and Worcestershire, the absence of any economy of scale, the demographics, the common rurality and the historically difficult relationship between the two upper tier authorities in the STP footprint.

   HWH and HWW submitted independent comments which were published in the STP and its refresh. However, the issues HWW raised in those contributions have not been significantly addressed or acted upon.

   The Herefordshire and Worcestershire STP can be found at http://www.hacw.nhs.uk/yourconversation/the-plan/

3. As local Healthwatch we recognise the need for change and have a track record of arguing for safe, sustainable and integrated health and care service provision in Worcestershire and Herefordshire. This has, for example, enabled HWW to support radical recommendations for the future delivery of acute hospital services in Worcestershire and the developments in primary care such as 'care at home' and new models of care. We therefore welcome the incorporation of these and associated initiatives into the STP, building on Worcestershire's 'Well Connected Programme' and Review of Future Acute Hospital Services in Worcestershire, and Herefordshire's 'One Herefordshire' programme, with a view to delivering the necessary improvements in care to address many of the poor experiences report to us by patients, service users and carers.

4. With this mind HWW and HWH have collaborated to endeavour to get the best outcome from the STP for communities in Herefordshire and Worcestershire,

whilst acknowledging our respective responsibilities to represent the best interests of the communities we are contracted to support.

For example, HWW is principally concerned with championing the interests of those who use health and care services in Worcestershire. In that context, from the outset HWW has been concerned about the potential implication for Worcestershire's patients and public of 'pooling' the funding allocations to the Worcestershire CCGs with the allocation to the Herefordshire CCG, and NHS England's (NHSE) approach to a single STP financial control total.

In response to HWW concerns the 2020 financial position as between Herefordshire and Worcestershire has been detailed in the STP submissions, which reflects that Herefordshire's potential gap will be £468 per head of population as opposed to Worcestershire's gap of £279 per head. HWW welcomes the recognition from STP stakeholders that achieving financial balance across the STP footprint would result in significant subsidy to Herefordshire from Worcestershire, with a consequent impact on service provision for patients and the public in Worcestershire.

Similarly, HWH have been concerned about the potential loss of services from the county to Worcestershire and also the impact of budgets which seem unsustainable, for example the failure to commit to increased investment in mental health services.

5. Both HWW and HWH were, to the credit of the STP leadership, invited to attend, albeit on a confidential basis, the former Programme Board, and more recently the Partnership Board. They have been represented on both Boards by their Chairs, who have significant experience between them of working at a strategic leadership level in health and care matters across Worcestershire, Herefordshire and the wider NHS. Within the Partnership Board we have had access to all papers that are considered at the Board meetings.

6. Whilst there is undoubtedly a commitment by the STP leadership to involving patients and public in the operational design and delivery of services this does not appear to extend to key strategic decisions. It has become clear that such decisions are shaped/made by the Accountable Officers outside of the Partnership Board, which is then informed of the decision.

   For example, the approach and solution to an Accountable Care System and Accountable Care Organisations across the STP.

   We therefore, can only conclude that significant and key strategic decisions which will influence the future delivery of health and care services are being agreed [often with NHS England] outside of the Partnership Board without the involvement of patients and the public.

7. There has been resistance to allowing HWW's request to sit on the Group that reviews operational delivery of STP work-streams where HWW believes it could support and quality assure the patient/public involvement in designing services in relevant work-streams.

8. HWH and HWW were also attendees at the STP communications and engagement group in which they provided advice, guidance and support to the NHS and Local Government stakeholders.

9. Whilst officers of the Local Authority Senior Management Teams engage in STP business it is not evident that the political leadership of either authority has engaged effectively within the STP, other than through the Health and Wellbeing Boards. We would like to see greater public evidence of co-operation between Local Authority's and the NHS in the STP, such as was demonstrated in the plan to deal with winter pressures in Worcestershire.

10. There is a gap in engagement with primary care providers such as community pharmacy, dental and eye health who are not represented on the Partnership Board. HWW is surprised that more has not been made of the potential opportunities for developing community pharmacy in Worcestershire to relieve pressure on GPs. We are pleased to see however that there is recognition of the potential contribution of community pharmacy to the STP in the Draft Worcestershire Pharmaceutical Needs Assessment.

11. It is our impression that the Voluntary and Community Sector generally, despite the Sector's representation on the STP Partnership Board, feels that it has not been involved in identifying solutions to the challenges as a partner or potential provider. We understand this is now being addressed.

12. The pace of development of proposals in the STP is generally slow and probably reflects the challenges in bringing together the disparate organisations which make up the NHS across Worcestershire and Herefordshire. In our opinion this has led to a hiatus in public engagement on STP Plan proposals and to the perpetuation of different solutions in Herefordshire and Worcestershire to the same problems.

13. Despite the intensive round of public engagement that followed on the publication of the STP which was delivered by the NHS in Worcestershire, and HWH on behalf of the STP in Herefordshire, we are of the opinion that public awareness of STP remains low.

14. The engagement was focused on raising awareness of the STP and only took place once the STP had been published and NHSE nationally had authorised the publication of the STP. Little information was available, other than in the areas of integrated community services and re-organisation of Acute Hospital Service in Worcestershire and the closure of community hospital beds in Herefordshire,

to demonstrate to patients and the public how the STP plans would impact on their services.

15. In our opinion the national decision not to involve the patients and public in the development of the STP Plan was a missed opportunity, which led to cynicism and misinformation about the STP Plan, and compromised the local engagement programmes in Worcestershire and Herefordshire. It reinforced a widely held patient/public perception of key strategic decisions on the delivery of local services being made without the meaningful engagement as we understand is promoted in the 5 Year Forward View; had patients and the public been involved in the development of the STP Plan we believe public awareness would have been increased and there could have been a focus on other areas within the Plan such as prevention and self-care.

16. In our view a framework for good engagement exists i.e. the '5 Year Forward View and NHSE's published statutory guidance on patient and public participation in commissioning health and care. In our opinion the gap is NHSE's apparent omission, either intended or otherwise, to ensure that engagement takes place at all levels.

    In summary, it is our view that the STP process is being seen by patients and the public as being 'done to them and not with them'.

    To address this we suggest there needs to be a national focus and lead on key communications messages; appropriate resources need to be allocated to support engagement and a demonstrable change of mind set at all levels of management in the approach and commitment to patient and public involvement. Vertically and horizontally across the NHS and Local Government leadership must be seen to 'walk the talk'.
    For example, *if the NHSE Leadership invited LHW to attend the meetings with senior NHS/LA STP leaders this might lead the change the Chief Executive Officer (CEO) of NHSE has committed to. [HWW's offer to NHSE and NHS Improvement CEO's to attend meetings with the STP leadership was declined]*

17. In our view co-production should be a golden thread that underpins the STP. It must include patient/public representatives at all levels who are able to voice the collective views of patients and the public. STP partners must be clear as to why representatives have been selected and the contribution they can make. Local Healthwatch and their networks have a major contribution to make if called upon by NHSE, Local Government and STP leadership to do so.

    For example, at HWW's request the members of the Worcestershire Health and Wellbeing Board have formally pledged as commissioners to commit their organisations and those they contract with to co-production.

    As STP Plan proposals relating to specialised services are likely to require radical approach which may have significant implications for patients and their carers it is our view that the NHS England should commit to co-production,

involving patients and the public in the strategic commissioning of specialised services.

For example, the West Midlands Cancer Alliance recently invited a representative of the West Midlands Local Healthwatch Network to attend its Strategic Commissioner Group which reports directly to the Alliance Board.

18. We acknowledge the challenge the STP has in delivering the plan proposals with the aim of meeting the demands of 5 year Forward View, given the scale of the financial challenge (yet to be confirmed but understood to be up to £400m) and workforce issues. From the outset HWW have been concerned that it has not been clear if and how the proposals will deliver savings, and this is now our consensus view which appears to be supported by NHSE. We are also concerned as lay people that some of the proposals on which savings are predicated, such as care at home, do not have a business case to support them. Whilst we acknowledge that this will reduce hospital beds there is no evidence that it will reduce expenditure. The Kings Fund research would support this view.

19. HWW and HWH believe that the patients and public in Worcestershire and Herefordshire expect the NHS to make efficiency savings in the 'back office' and in the delivery of support services as a pre-requisite to making savings in patient services. This should include consideration as to the number of commissioners and providers operating across the STP footprint [e.g. currently 4 NHS Trusts]. It is our view that often poor patient experience as reported to local Healthwatch occurs as a consequence of gaps between NHS organisations as patients pass through a clinical pathway. HWW therefore welcomes the imminent decision of the 3 Worcestershire CCGs to operate 'in common' and the progress the recently appointed Accountable Officer has made in creating a single back office for those CCGs.

20. Therefore, in this context both local Healthwatch are concerned at the perpetuation of separate Herefordshire and Worcestershire solutions to the same problems and question the missed opportunities to improve services and/or deliver value for money across the STP footprint.

For example, we understand the current solution to providing services within a single Accountable Care Service is seen as a Worcestershire and a Herefordshire Accountable Care Organisation.

21. HWH and HWW recognise the STP Plan proposals include significant reductions in 'elective care' and expect the STP to properly involve patients and the public in these proposals as they are developed. It is imperative that proposals are credible, and are accompanied by equally credible communication strategies.

For example, the proposal to close community beds in Herefordshire has been promoted as a relocation of the hospital bed to the patient's home which has lacked credibility with the public.

22. We are concerned that NHS plans to deliver care at home could place additional burdens on social care services and HWW has raised an issue about domiciliary care based on its knowledge of the review of the existing care market in Worcestershire.

23. HWH are concerned that plans to close community hospital beds, which are dependent on recruitment of community clinicians, are being progressed despite the apparent difficulty in putting that workforce in place.

For example, HWH engaged with 1350 people about the principles of the STP in the early stages of the plan being drafted. It was clear from patients and carers that they would prefer to remain independent at home for as long as possible or receive care at home or close to home. However, this was only if the care that was provided in people's homes was safe, effective and reliable. Carers in particular were concerned that they would be expected to pick up the pieces in caring for patients at home when adequate care and support was not put in place. The public already recognise that the paid care workforce in our rural county is fragile and many did not feel confident that the STP could deliver more early discharge and "own bed instead". When HWH spoke to patients and carers that were piloted in the early stroke discharge programme and the virtual ward at home pilot, the carers did not all have a good experience, having to take on an increased caring role for someone with lots of extra needs was often risky to them and difficult to manage. The plans to keep people at home and avoid hospital, and to discharge earlier to home, need to assure patients that this service is safe and effective for them, that there is enough workforce capacity to deliver the service and that carers are involved in these plans, not being put under unrealistic pressure.

24. HWH and HWW endorse the concerns that were widely expressed during the public engagement programme including the potential requirement that will be placed on patients to travel to access services, the implications of the planned reduction of beds across the community hospitals and the impact of the proposals on carers. In particular, we are concerned about how the proposals will affect the vulnerable and those who live with health inequalities. HWW and HWH will expect work-streams in the STP to specifically identify these issues in credible Equality Impact Assessments and to address them.

25. HWH and HWW recognises that the proposals relating to Self-Care and Prevention require significant behavioural change by the population at large and within the STP. We believe the proposals, whilst primarily improving the health and wellbeing of the individual, have the potential to deliver a return on their investment for the country through increase in General Domestic Product

as well as reducing future burden on health and social care services. We consider that this is unlikely to be achieved without meaningful co-production locally, supported by a national communications/engagement exercise because of the resources that will be required given the pressure on public health budgets locally.

26. In our submission we have not addressed adult social care as it is a well reported national issue. Worcestershire County Council's draft budget for 2018/19 identifies the considerable financial challenge the Council faces in delivering adult social care. The impact of this on STP proposals has yet to be quantified. However, it highlights the need for a national solution to the issue and a Green Paper.

Recommendations

1. **Meaningful co-production by the STP and NHS England should run as a golden thread through out the development of STP policy at national and STP level, and the STP Plan, and the commissioning of specialised services across STP footprints.**

2. **The STP and NHS England should co-produce effective governance arrangements with patients and service users, their carers and the public to deliver accountability and the continuous improvement in the meaningful co-production of STP policy, the STP Plan proposals and their implementation at all levels**

3. **The STP and NHS England should be clear as to why representatives of patients and service users their carers and public have been selected to participate in co-production, and the contribution they can make.**

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