



Mr David Sloman
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Councillor Sarah Hayward
Leader of the Council

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20 December 2016

Dear Mr Sloman

I'm writing to provide you with Camden Council's feedback on the draft Sustainability and Transformation Plan (STP).

As a council we sought the views of residents and many other interested parties, including patients, NHS staff and the community and voluntary sector, before taking a decision in public at our Cabinet meeting on the 14th December. This is a point I will return to.

At this stage Camden does not endorse the STP – the plan itself is not in a position where stakeholders can accept or reject it. We remain unclear about the next stages of the STP process but we provide detailed feedback on the current draft with the aim of influencing the plan as it proceeds to ensure it has the best chance of meeting the needs of the Camden residents we're elected to serve. We are content at this stage for Camden staff to continue to engage in the process to shape the future of NHS and Social Care services in the borough although we do not endorse its content.

I want to make clear at the outset that, although I know that you and colleagues have worked hard to make the best of it, my Cabinet colleagues and I consider that the STP process has been deeply flawed. We know that locally there has been significant clinical input with a well-argued case for change and we support many of the themes in the plan. However, this work has been significantly undermined by national requirements that have resulted in a complete lack of local political involvement, a lack of public engagement and transparency, against a background of fundamental funding constraints.

I have been particularly disappointed about the lack of transparency in the development of the plan, and the exclusion of local politicians, so I made the decision to publish the plan at the first opportunity once this was submitted on 21 October 2016, against the wishes of NHS England. We then organised events and arranged a period of public engagement. In addition to this the Camden-led Joint Health Overview and Scrutiny Committee has conducted a series of open-call evidence gathering sessions. The message we have consistently received during

this engagement is that residents, stakeholders and partners have deep reservations about the plan. These stem from the lack of transparency and a lack of clarity about what the plan is proposing, given the technical nature of much of its drafting. This in turn has led to real anxieties about the potential impact of the plan in the context of the current, severe funding constraints on both the health service and local government. The Council wishes to use its experience to support the development of the plan; however this is contingent on the future process demonstrating that there is a substantive opportunity for the Borough's political leadership to shape the document to ensure it benefits the borough's residents.

In addition to this, the continued engagement of officers from the Council is dependent on NHS England and NCL STP leadership demonstrating that they are substantively and transparently engaged with residents, patients, health and social care staff, and wider stakeholders. At our public Cabinet meeting we heard deputations from groups representing, patients, carers and NHS staff as well as local residents. The theme common across all their representations was the lack of engagement with the plan to date and the complex nature of the information in the public domain. As a result there are now deep seated concerns among these groups about the real intent behind the plans. As a politically led administration we find some of the best ideas about our services, come from those who use them and the staff who deliver them. In future the STP must engage with those who it will affect if it's ever implemented.

The Council recognises that the NCL STP is consistent with a number of strategic priorities and approaches that the Council has adopted in the development of its own services – whole-system working, integration, a focus on prevention, care closer to home, and parity of esteem for mental and physical health. Whilst I note that prevention, adult social care, mental health and the voluntary and community sector (VCS) are mentioned in the STP, I do not consider that they are given the priority that is needed. I am particularly concerned about the adult social care aspects of the plan given the funding crisis that is now widely recognised in these services, and the profound impact that is having on the NHS. We must work together to achieve a funding settlement for social care that recognises current demands and future growth in demand. Greater support for residents outside hospital can only feasibly be achieved if all partners can work together to keep people in good health for as long as possible. Many of the proposals within the NCL STP will rely on public health, social care and the VCS to develop the significant improvements in prevention and care closer to home. The STP does not indicate how this activity will be adequately resourced. In particular, the social safety net of VCS, communities and carers cannot be relied upon to deliver health and care services without an investment that honours their time, expertise and commitment.

I understand that we are at the very early stages of development of the NCL STP and I would ask that you join us in voicing our concern to NHS England and the Government that the STP process is neither adequate nor sufficient to the challenge of ensuring that we have a health and care service fit for the future. We will continue to champion the voices and concerns of our residents and in particular the most

vulnerable in our community and we will challenge any plan that we consider is not in the interests of our residents. Our continued involvement is dependent on the improvements to the NCL STP process and content that I have outlined above.

Finally, I would like to say that we recognise a number of decisions about health commissioning and provision could and should be taken at a scale greater than the boroughs. A case in point is the proposal to develop a female psychiatric intensive care unit – with no current provision in NCL patients are often placed out of London to their detriment. However, not all decisions could to should be made at scale. We have an excellent working relationship with our CCG and currently commission jointly with them over £100m of services. We are deepening and strengthening our working relations and need to take care that future work to develop the STP doesn't frustrate that work that is helping to improve the health of our residents and tackle engrained health inequalities.

At this stage, we are neither accepting nor rejecting the NCL STP. Cabinet has authorised officers to continue to engage with the development of the NCL STP contingent upon our concerns being addressed, and we will continue to assess our position as the process continues.

I look forward to a dialogue with you around these issues, in hope that we might work together to improve the provision of health and care services to Camden residents.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Hayward', with a wavy underline.

Councillor Sarah Hayward
Leader of the Council
London Borough of Camden