The People's Inquiry: One Year On

Evidence presented by Stephen Cowan (SC) Leader, London Borough of Hammersmith & Fulham with Sue Fennimore (SF)
Thursday 11 December
Queen Elizabeth II Conference Centre, Broad Sanctuary, London SW1P 3EE, Shelley Room

Present:

Roy Lilley (Chair; RL); Dr Louise Irvine (LI); Naledi Kline (NK); Dr John Lister (JL); Professor Sue Richards (SR); Polly Toynbee (PT), Frank Wood (FW).

RL:
We're very pleased to welcome Stephen Cowan.

SC: I'm Stephen Cowan, the leader of Hammersmith Council.

SF: I'm Sue Fennimore, Cabinet Member for Social Inclusion.

RL:
As you know last year we wrote a report on the inquiry about healthcare in London. We're re-visiting it to see really how things have changed and moved on and in the light of this writing another report on a year on. We're going to have another look to see how London is doing. So we're very interested to hear from our local authority colleagues as we move closer into the sun-lit uplands of harmony and working together to take us to a better future.

SC:
That sounds wonderful. We dispute the details in *Shaping a Healthier Future* which is the document that is relevant to the NHS in North-West London. We think that the fundamental argument they put forward, which they said was based on clinical assumptions, is wrong.

Just to give you some headline points: undue influence was given to Chelsea and Westminster Hospital, which because of its foundation status was allowed to run a very good campaign to keep the hospital open. But even people on the CCG in North-West London privately tell us that shouldn't have been one they kept open. They seem to be able to keep lots of hospitals open, but this indicates that they themselves recognise that decision is flawed.

The PFI finances around West Middlesex Hospital meant that that was always going to stay. So what you've ended up with is a document that was flawed from the start, because there are other factors in there that weren't clinical, and those skewed the outcome of *Shaping a Healthier Future*. Meanwhile, you have a scenario where they argued – Ed Miliband was arguing this in his speech – that more people should be treated at home and primary care should be more effective. But the last time the chief executive of Imperial [Healthcare Trust] attended our committee – which was about a month ago I think from memory – along with the people from NHS North-West London and the CCGs, they were saying they hadn't even got close to the level of planning yet. So how that's going to work?

There is a capacity gap, and that means A&Es are taking the strain. Closing the two A&Es is already having effects. You begin to see the fraying of the process, particularly around A&E. With Northwick Park [Hospital] I'm told there are queues of around an hour to get ambulances in. If you are having a heart attack and living in that part of London, then your life is seriously at risk because of the limited

capacity of A&Es. There are similar problems at Chelsea and Westminster, and indeed I understand that the report on Imperial will make similar criticisms.

The final point that you should note is there is a Mayoral Development Corporation about to take control of the transport hub in the north of Hammersmith and Fulham, south of Brent and the east of Ealing, where the High-Speed 2 crosses with Cross-Rail. That will have about 30,000 homes and possibly 70,000 new residents, but it has not been taken into account in the SAHF plans.

Closing Hammersmith A&E, and the proposals to close down Charing Cross Hospital and sell it off are possibly disastrous given the increases in population.

PT: Can you give me that number again? How many more people?

SC:
Roughly 40,000 homes, depending on the tenures, the size of those homes, what's happening and how many people are likely to leave. It's going to be at least double that but it could be quadruple depending on what's built: four bedroom properties would be very different to two bedroom, etc. That hasn't been taken into account. But what they argued on population figures followed the census figures. ONS has lost capacity over recent years, and the census isn't as robust as it was.
I would raise serious questions about the population figures. At the time we have unprecedented population growth in London, THEN we think of health services being cut back.

There is no doubt in my mind that ultimately the problem is a financial one. Whilst I do believe you can improve efficiency of the NHS, I do believe that must be true, just because efficiency is always variable in any large organisation, the ultimate factor is there's a shortage of cash and this is about meeting a billion pounds' worth of savings.

There's all sorts of internal politics which are influencing decisions. For example, Imperial wants to be a foundation trust, so it can improve its reputation and its capacity in some cases – and the reason for Charing Cross to be closed was they need that cash from property sales in a borough that's had 25% increases in its land values up until January 2014. That's what's driving it.

So then it's financial decisions. Too often it's other decisions. This is not the right clinical solution for the populations of North-West London. It's certainly not the right clinical solution residents of Hammersmith and Fulham. We put that to them very forcefully in the last council elections, which is why what used to be known as 'Cameron's favourite council' is no longer called that!

RL:
We've actually had some very interesting statistical evidence about that earlier today. Capacity – the numbers going into the system have actually increased, but the places where they can go to have decreased. That in a partnership with the acuity of older patients and the ability to discharge has made the bubble explode.

A lot has happened since we met last year. Shaping a Healthier Future is probably a redundant document now in the light of the change with Simon Stevens' 5-Year Forward View. I don't know if you've had a chance to look at that, but it's a very different document, it's a much more fluid document. It's not a big strategic document from the centre.

In addition to that we've had the Better Care Fund, which I wonder if you could speak to. We'd be interested to know the extent to which that's helping. Also, I think we'd like to know a bit about the Health and Wellbeing Boards. One of our recommendations was that we'd like to see them beefed

up but they seem to be disappearing fast. Do you think perhaps you could give us your views on those three things?

SC: You might have to remind me because I forgot to make a list. Health and Wellbeing Boards…

RL:
Health and Wellbeing Boards, the impact of the 5-year forward view on existing strategic documents and the better care fund.

SC: The Better Care Fund appears to making a marginal impact yet and is still to play out.

RL: Because you've yet to organise yourselves.

SC:
I think we have in the main. We've got a cabinet member responsible for health, a senior level local government official who's straight away started, I'm not sure how many different aspects of our budget but ours seem to be working OK but we've yet to see any significant changes.

In terms of the 5-Year Forward View I think the problem is there's too much stuff at the high end that's off the supposedly strategic papers. If you meet senior NHS managers, once you get past the gloss of the presentation you begin to dig down – and there's an awful lot of confusion about the direction for the next 5 years. So you can have a 5-Year Forward View, you can have a *Shaping a Healthier Future* document. Actually what I'd read is this confusion about the direction of travel. And that's having a direct impact on front-line services.

RL:
Can I just interject again? Because something else emerged this morning that I'm sure we'd like your view on and that's the role of the Mayor. We've been thinking about the absence of a strategic hand across London to help facilitate some changes and movement and so on and so forth. There is a debate about whether or not the Mayor should take over the strategic responsibility for the health services across London. Setting aside whatever you might think about the current incumbent and just thinking about as the Mayor, do you think the Mayor of the London Assembly has a strategic role in health?

SC:
I think the London Assembly does. Unfortunately I'm not actually sure how effective the London Assembly is as a body because of its limited powers. Certainly there is talk in London about combined authorities taking on some issues around worklessness and some aspects of health. I would say that is probably the way to do it, is to put together populations of maybe a million and say 'you're going to work as a combined authority on having some role'. I think councils have proved that they have been able to modernise services at time of a severe budget situation.

So the lesson there is, can we localise some of those changes and work with residents and change that down at a sub-regional level rather than a Mayoral level. If the Mayor were to have any position I would lock it into the purely strategic and force them to delegate things down to the sub-regions. It would strike me there's an obvious case if you look at North-West London you could make that a sub-region. You could have a Health Board made up of councillors and stuff like that.

The whole local health agenda is up for question I think; because too often I can understand it because I've been a councillor for a long time and quite often you meet people who aren't that impressive in those positions but actually by sometimes setting up Quango boards you get people

who are even less impressive and have even less of a connection to things. I would try and get local government as it stands to become combined health authorities maybe. And get them involved more.

If you look at Imperial's Board, what's been staggering to me is the level of questioning they have undertaken in the minutes. There was a situation in the summer where they decided to close Hammersmith Hospital's A&E. In the same document it said 'we have already said we could not close Hammersmith Hospital's A&E until we'd increased capacity elsewhere'. In the same document it says 'we haven't increased capacity elsewhere'. Also in that document it says 'we're at full capacity'. That was all in a document for the board to read.

You read the minutes – and not one single question was asked by the board about that. When you talk about localising down to how things are done what you need is to have boards with local democratic mandates who are charged to carry out scrutiny. The executive role is needed.

RL: You mean scrutiny committees, don't you?

SC:
Yes. Ours is quite good but it has no teeth. We film them and stick them on the web but just to add to the democratic mandate. You would want to re-visit local government if you are going to try and localise the way the NHS is structured. I would give the Mayor some strategic role, but I would also have some strategic role handed down to combined health authorities led by councillors.

RL: Which might lead you into the Health and Wellbeing Boards? Beefing them up?

SC:
Might be. Health and Wellbeing Boards are a good start. We're making some progress with them but it could be a mechanism that could evolve or you might want to do something slightly different.

RL;
In our last report we recommended that more time was spent trying to beef them up because we've found there was a democratic deficit in the existing structures and we wouldn't want to recommend anything that would require primary legislation because nobody's got time for that any more. We felt there was an opportunity. I went up to Wigan and saw one there which I was impressed with but that's because it's a smaller more defined area, the local hospital wanted to be engaged, it had political support - police, fire brigade, schools – it was an impressive group of people who were set on doing good stuff. But I think that's rare.

SC:
I think it is. But also Wigan is very different because it's got a council, it's in a very different situation to London which is more fluid. A lot of people don't know which borough they live in. They know they live near a tube station and they move 6 months later because of the nature of people living in private rented accommodation.

The Scottish devolution argument is going to have a massive effect on how we talk about how governmental power should be wielded in the UK. That surely must involve taking a fresh look at the democratic role played out in the NHS. Given that the debate in London at the moment is how do you separate power out at a borough level, a sub-regional level and also at a local borough level, then if you follow that debate you could be putting something into the NHS but make it far more robust as a democratic model and allow councillors stand on the ticket and say 'we're going to cut

this area, we're going to spend more in that area' and argue the case and get on top of it, as we have done for adult social care and a whole bunch of other subjects.

RL:
We found the NHS was often criticised for not engaging with local communities through consultation processes. They were very poor. That's apart from the consultation that's in the Act. One of our recommendations last year was to think about citizens' juries as a way of engaging the communities more. Do you have a view on those?

SC:
I would say you've already got structures there, so why have a citizens' jury when you could potentially make local government more important. I think with a citizen's jury there is a danger that you will get like the type of Quango you've got for Imperial's Board at the moment.

PT:
Could you tell us just a bit about that? That Imperial Board?

SC:
We don't think it's very robust. We don't think they're asking any questions. I saw the press characterising them as turning up for the Bourbon biscuits, but you can see that own school governor boards, you can see it in housing, you can see it whenever a governor tries to attend to do some type of localism and bypass democratic process.

RL:
You get a pile of papers like that, and they all arrive and you can see there's no crease where the staple is. You know they haven't looked at it.

SR:
I'm really interested in this sub-regional joining together. It's the first time I've heard it around this agenda. I think it's really something that's worth flying with. Certainly I live in Islington and the five boroughs that were formerly part of North-Central are working together on a number of things. That's not really mirrored by the boroughs except that they have a joint Overview And Scrutiny Committee in health, which is trying to address this. Sort of toothless, but at least they are talking about it the way that you described in your own individual Overview and Scrutiny. Is it your view that actually we are gravitating towards a sub-regional structure for a multiplicity of services?

SC: Yes.

SR:
As Greater Manchester is a sub-region of the North-West it would probably be about the same population size.

SC:
There's already talk. I am happy to tell you about what London devolution could look like. Should you have combined authorities? Should you have certain services that aren't at the moment with the council, like jobs? When we lose the boroughs, but you allow them to step in to some other type of combined authority work, I would say add health to that. I just think politicians are very able to do the thing.

We announced last week that we've got £71 million worth of cuts to make by the final year of our first term. But last week we announced we would be the first mainstream party in Britain to abolish

homecare charges. We're announced exactly where we've saved the money from, which is actually from the former administration's propaganda budget. The point is, that's what politicians do. I would say that try and find a role of giving a democratic mandate.

The best way to protect the NHS is to find a way to give a democratic mandate to the people who are making the decisions. You can vote them in and you can vote them out. And they have to stand up to say what they are doing. Because at the moment, I can't tell you who is on the Board of Imperial Healthcare Trust. I can't tell you who is on the Board of the Foundation Trust in Chelsea & Westminster – and I've got no way of getting rid of them if they are doing the wrong job.

Rl:
Is there an appetite for what we've called the democratic deficit? People just don't vote do they? A man with a dog votes in local government elections.

SC: We had a very high turnout in our last elections.

RL: What do you call a very high turnout?

SC: For our local elections we had 40-50% in some cases.

RL: That's very high.

SC:
Yes. We ran a US-style campaign. Very clear messaging. Very clear targeting. I think you could argue democracy goes back to the Reform Act, maybe the 1870s, maybe when women got the vote in 1929. It's a very new thing. What frightens me is when you look at the rise of Farage because he looks like a bloke who can hold a pint of beer, and you've got other people not voting.

I think it falls to our generation to argue that democracy is a good thing and to argue how it works and to argue you put people into jobs you expect them to do what they've told you they're going to do: and if they don't do it you kick them out. If we don't argue that, we're giving up on every other generation who fought for democracy. It's up to us to re-model democracy I think.

You can't have something as much loved as the NHS – just look at the opening ceremony of the Olympics – and so far we're on a direction of travel that's taking it out of democratic control, for what seems to be technocratic reasons. Surely we've got better democratic reason we can come up with, locking in democracy, getting people to feel that the people they're putting in those positions are doing their bidding.

I think if we do that we'll have a more efficient NHS, because I think councils have proved that they can make efficiencies. Don't forget we've made £20 million in cuts this year, and I think they're probably the right ones. We may have got some wrong, but I will stand up and argue that I've got most of them right. In February we announce our budget and if people don't like it I'll get sacked. That's how it should be with democracy.

SR: We've all got vested interests in the NHS.

SC:
I wouldn't want to get too specific, but there are cuts you could make. Like I said, we cut £400,00 worth of magazines and PR staff, and we've just abolished homecare charges. That's making a cut and adding investment elsewhere. Some of the decisions are quite tough, but if you look at what Ed

Miliband was saying in his statement this morning and you look at the Chancellor's statement last week then there are going to be cuts somewhere. The question is, how are they going to be made, who is going to make them and who is going to argue what are the right ones? I do look at sometimes the NHS and what they spend and where they spend it, and I do wonder if we could make it better targeted and more efficient and you want to have bigger areas – someone who is democratically elected to do it.

FW:
One of the major things that we heard today was people saying that the reason the NHS has got a problem, the reason some of the hospitals have financial problems, is that they can't discharge patients into council and social care. It's the social care package isn't it? That's one of the things I think you would have to address in terms of aligning. As Andy Burnham said, aligning health care and social care.

SC:
Well Gordon Brown refused to use the word 'cuts'. I use it because I try to be as honest as I can. There are also 'efficiencies', which is a word I try to avoid because quite often 'efficiencies' just means 'cuts'. It would be surely more efficient if you have a body such as a sub-regional board made up of councillors who were working out how can we better streamline releasing people; what happens when someone has had acute care? How do we get them back into the community? How do we make that as seamless as possible? I think you could probably make savings in doing that and probably do that better joining it up. I wouldn't necessarily see that as cuts, you could argue it's modernisation.

Sometimes you do cut things. Like I said, we've cut the PR budget. That aspect is not keeping me awake at night.

JL:
Could you briefly outline what you want to come out of your NW London Healthcare Commission because I think it's an interesting initiative in terms of other boroughs in London and what they might do.

SC:
We've approached our friends in Brent, Hounslow and Ealing and we are very pleased to have Michael Mansfield QC agreed to chair the commission. What we want is to put strong, evidence-based alternative to the direction of travel. We don't buy what we've been told by the government and by the NHS managers on *Shaping a Healthier Future*. What we want to do is to have a much more honest assessment of the evidence and to come up with a different way of travel, so should you have a Labour government following a general election we can go to Andy Burnham or Ed Balls and say 'this is likely to work better for us'. Should you have a Tory government then we can do something similar or though I don't think you would get quite such a warm reception.

RL:
I think if you look at the framework of the 5-Year Forward View document you might be more encouraged about how you could change things within that framework. Anyway, thank you very much for coming. It's been most interesting to listen to you. Thank you.