

Voluntary Sector Response to The Case for Change across Kensington and Chelsea and Queen's Park and Paddington

A response, on behalf of the voluntary and community sector, from Kensington and Chelsea Social Council (KCSC), the Council for Voluntary Services (or CVS) for the borough. This response is endorsed by our partner organisation in Westminster, One Westminster.

A strong and effective relationship

Since 2010 West London Clinical Commissioning Group (WLCCG) has built a strong relationship with the voluntary and community sector (VCS) in Kensington and Chelsea and Queen's Park and Paddington. Over the years, WLCCG has made strides in getting to know and understand the local voluntary and community sector, working closely with KCSC to introduce and help facilitate relationships until it has become fully embedded locally. KCSC can confidently say that the relationship between WLCCG and the VCS has been invaluable, as it has been one of the most important routes into engaging with communities through a shared learning approach delivered in a variety of ways. It has also helped to establish closer links with clinical staff, which has again improved reach and access into K&C and QPP's diverse communities.

One of the most important ways that WLCCG has built its relationship with the VCS is through its recognition of the role the VCS plays in reaching communities often deemed 'hard to reach'. In recognising the VCS, WLCCG has understood that it is necessary to resource the sector to enable it to play its role as effectively as possible. This has been a defining factor in the relationship with this CCG and its relationship with the VCS; there is a mutual respect and understanding that we can work together as partners, as a CCG would work with any other large-scale provider in a clinical setting.

Resourcing the sector has also increased the VCS's reach into communities. The provision of funding has supported organisations to deliver services that reach people who might otherwise not engage with the NHS, unless it was through accident and emergency services.

Now '*The Case for Change*', published in May 2019, stipulates the need for change from an eight-CCG operating model into a single CCG model. It also states that the eight North-West London CCGs ended the last financial year with a deficit of almost £100M, so the drive to reduce this deficit and reduce expenditure is of paramount importance.

The Case for Change states that working at the North West (NW) London level will 'maximise benefits to residents and staff'. It goes on to say that 'we believe a single CCG would be an enabler for implementing an effective integrated care system'.

Is making savings the driver for change?

KCSC would like to believe that the intention of the Case for Change overall is to provide better care to the NW London population, and that the move from eight CCG's to one CCG will enable this to happen through more effective and efficient use of funds. However, there is little or no evidence to support this hope, currently. This move, in its sheer size and scale, is unprecedented - so evidence of impact on the NHS is lacking.

Decision making

The Case for Change follow-up document '*Commissioning reform in NW London, Case for Change: further detail*' states that local committees will have delegated powers and budgets to drive local commissioning and development of integrated care partnerships. However, there appears to be a contradiction here: how will NW London-level decision making drive

efficiency, at the same time as delegating powers at the local level? If budgets are devolved down to the local level how can we ensure that adding a new layer of bureaucracy at the NW London level does not simply slow down the process, when seeking to influence decisions on budgets and meeting the needs of each local population?

KCSC has the additional concern of understanding how the VCS and Healthwatch will have a voice at the NW London level. KCSC is one of six CVS's across the NW London area and would want to ensure that the CVS voice is represented at the NW London Level. The VCS is not an homogenous body and this needs to be considered in relation to diversity and equality, and the representation of all communities at the NW London level.

Healthwatch is a borough-based organisation - apart from the tri-borough model covering Kensington and Chelsea, Westminster and Hammersmith and Fulham. Again - how will Healthwatch adequately represent its members when sitting at the NW London level?

We already know that there are ongoing challenges in health inequality, and greater strides need to be taken to address these challenges. People from poorer backgrounds and from BAME backgrounds are more likely to suffer from greater inequalities and have lower life expectancy. We want to ensure that at the NW London level, decision-making and governance structures continuously acknowledge the needs of these communities.

If the new CCG model seeks to be responsive to local need then it will need to consider how it can resource both the voluntary sector and Healthwatch in order to work effectively across the eight boroughs to co-ordinate voice and engagement. Only through supporting coordination can there be an attempt at levelling the playing field for the voluntary and community sector.

Impact at the frontline

The Case for Change presents a strong argument for reducing the administrative burden of running eight separate CCGs and moving to one single administrative function. Whilst we recognise that it makes sense to reduce 'back office' costs our concern relates to the impact that this will have at the frontline.

KCSC has spent a considerable amount of time over the years building relationships with WLCCG staff at various levels, and this has helped to bring about a greater understanding of the VCS and the needs of the resident population. Close working with 'Engagement' staff within WLCCG has helped to cultivate strong partnerships and foster shared learning. How will this be maintained at the local level if savings are to be made – yet it is investment into a dedicated resource in an individual CCG patch which works most effectively?

Local engagement must be maintained through the role of the CCG. The CCG's must maintain their local investment so that dedicated local staffing remains, with adequate resourcing to maintain effective engagement at local level.

Residents' voice and influence

Whilst there is always room for improvement, WLCCG has managed patient engagement relatively well and has invested time and resources into providing various avenues for voices to be heard. The development of the 'cultural competency framework' is a valuable piece of work which has shown that through dedicated effort we can address the barriers which maintain health inequality across the health system. This was an important piece of work which should not be lost, but instead be adopted across the eight CCGs. Currently we have the opportunity to continue to help shape engagement and the implementation of the cultural competency framework, and to be able to influence how change can come about because of the links to our local CCG, WLCCG. How can local voices be scaled up to have influence at the NW London level?

Whilst the proposal for a 'Citizen Panel' may provide some level of reassurance to the CCG, it should not be seen as the mechanism for wholesale engagement. Often panels such as these are filled by people who are the most engaged, and those whose voices are hardest to hear remain outside of these formal structures and unrepresented by them.

It would be disappointing to think that the Citizen Panel becomes the main feature of future engagement of residents into the healthcare system.

North Kensington, post-Grenfell

A major concern with the plans outlined in The Case for Change is the potential diminution of the voice of the residents of the North Kensington area, at this pivotal juncture in its recovery. Articulation of the needs of this traumatised community can ill-afford to recede into the background, as is likely when aggregated with the voices of the residents of eight CCG's. There continues to be an appetite in North Kensington to play a central role in their healthcare recovery post Grenfell, which will continue into the foreseeable future. The health needs of North Kensington, and other deprived communities within the WLCCG area need to be given prominence, if the extreme health inequalities within the area are to end.

Joined-up services

Social Care goes hand in hand with health and wellbeing yet there is very little mentioned in The Case for Change about how social care will be represented within the new model. Personalisation, as well as people taking control of their own health and wellbeing, is driving the policy direction of services - yet evidence of joined-up thinking and delivery is still missing.

My Care My Way has embodied integrated care for the patient; its success lies in how partners from across different sectors and departments work together, resulting in improved health and wellbeing outcomes for the patient. My Care My Way is a model which needs to be further extended so that older people experience the same level of care across NW London but there is a lack of clarity about the future of the service, and how the VCS can remain a key partner across a larger geographical area.

If NW London needs to recover from the financial gap it now has, how will integrated care partnerships such as MCMW be sustained? As a model it is possible to scale it up across the eight boroughs - but each are at their own stage of developing integrated care systems. How will this all be aligned?

Primary Care Networks

The voluntary sector welcomes the emergence of Primary Care Networks (PCN's); we believe this provides real opportunities to develop relationships across the VCS with primary care, which can help to deliver a responsive service based on not just the health but the wellbeing needs of the population we are set up to serve. However, it is essential that the PCN's engage effectively with the VCS; to date the CCG has been a helpful bridge in this respect and we would not want to lose this support within the bigger realm of NW London.

Third Sector Transformation

WLCCG has in recent years provided additional investment into the Kensington and Chelsea and Queen's Park and Paddington areas, to help strengthen the possibilities for organisations to deliver health and wellbeing contracts in the future, thus supporting the future sustainability of the sector. The work to date has involved representatives of organisations across both localities working together to recognise what those possibilities could be and consider how best to work in partnership. To date the work has resulted in the rejuvenation of the Community Interest Company (CIC) which is a subsidiary of KCSC. A new governance structure is now in place which supports the democratic decision-making

that will be required to ensure that the CIC is as representative as possible of the diverse local community. The aim is to continue to strengthen organisations across the sector in preparation for future NHS contracts by providing quality assurance support.

KCSC working closely with its counterpart One Westminster to bring voluntary and community organisations together to collaborate and have a voice. We want to maintain this role in partnership with WLCCG and Central London CCG in a way that is unique and locally-relevant to these areas, rather than generically across NW London. We are certain that the other CVS's across NW London will feel the same.

Our Transformation work will continue - but can only be as successful as originally intended if there is ongoing recognition of the valid role of the VCS as a key partner alongside primary and secondary care services, and social care, in providing holistic care and support to patients and residents.

Linked to this is the question of the future of grant funding and the uncertainty of future investment into the sector, which varies greatly across NW London. Entering into a new structure where a focus on budget deficits seem to have overtaken the conversation on funding leads us to ask: how do we ensure that the strengthening of the voluntary and community sector, to enable it to continue to provide invaluable support to residents in tandem with NHS services, continues?

In conclusion

KCSC has serious concerns about the new arrangements described in The Case for Change. We feel that the scale of changes described threatens the quality, quantity and effectiveness of services available for our residents. To compound the issue, our residents' voices will be harder to hear.

If the need for savings is paramount, could changes be made at a smaller scale to start with – such as CCG's working across Westminster and Kensington and Chelsea, to test the system, and seek possible 'back office' savings first, before making such a radical change in such a short space of time?

We look forward to further information and further opportunities to influence these changes.

KCSC 21/8/19
