Hackney

Healthcare for London
Consultation Response from the Health in Hackney Scrutiny Commission

Context

This response comes from the Health in Hackney Scrutiny Commission, the London Borough of Hackney's nominated Health Scrutiny Committee (note - this is an Overview and Scrutiny and not an LBH corporate response)

Our Response;

As a Commission we recognise that Healthcare for London proposes a 'direction of travel' rather than specific steps towards improving health in the capital. As such, it is hard to disagree with much of what is contained within the document. Clearly the role of individual Health Scrutiny Committees around London will become much more important when proposals start to emerge for the implementation of any change in the different parts of London.

Having said that, we have provided below some observations on the key areas of the document which we hope you will find useful.

A profile of Hackney

Hackney is highly complex borough comprising of very high ethnic diversity, a mobile population and a significant number of people living on the margins of society.

Hackney has a population of 207,800 according to the ONS; 218,000 according to the GLA estimates but 256,000 people on its GP registers.

Hackney is a place of deprivation and disparities. All 19 wards are amongst the ten per cent most deprived in the country according to the Indices of Multiple Deprivation 2007. In health terms this translates into women in the most deprived fifth of the borough living 4.5 years less than women in the least deprived fifth.[1]

It is an ethnically diverse borough. Census 2001 revealed that Hackney's residents were born in more than sixty countries. Most (66 per cent) were born in the United Kingdom, although this proportion is below the national average of 91 per cent. Forty four per cent identifies themselves as White British. The majority of those born outside the UK come from Africa (18,088), Asia (14,840), Jamaica and the Caribbean (10,074) and Eastern Europe (9,895), which in the ONS's geography includes Turkey. There is also a substantial (c.5.5%) orthodox Jewish population.

The borough's diversity is further demonstrated by the number of languages spoken by its residents. The 2004 Hackney Household Survey recorded 40 different languages, including Turkish, Yiddish, French and Gujarati. Yet even this is not a comprehensive list, as less common languages were grouped together under an 'other' heading.

[1] Hackney Health Profile 2007, Department of Health, http://www.communityhealthprofiles.info/profiles/hp2007/lo_res/00AM-HP2007.pdf

The borough's analysis shows that Hackney has a mobility rate of roughly 15%. On Census 2001 figures it has the 50th most mobile population in the country (of 376 local authorities in England and Wales). Its in-migration rate placed Hackney 38th out of 376. Over the last twenty years Hackney's mobility rate has jumped significantly, especially between 1991 and 2001.

It is the third most densely populated local authority area in the UK with over 10,000 people per square mile, and the population is projected to rise by a further 20,000 by 2015**.** Half the population lives in social housing.

A health profile of Hackney

The Hackney Health Profile 2007 notes the following to be significantly worse in Hackney than the regional average: [2]

- Teenage pregnancy
- Male life expectancy
- Deaths from smoking
- Early deaths: heart disease and strokes
- Early deaths: cancer
- Road injuries and deaths
- Feeling 'in poor health'
- Mental health
- Hospitals stays due to alcohol
- Drug misuse
- People with diabetes
- Children tooth decay.

The borough and its partners consider there to be additional health priorities in the borough including

- Infant mortality
- Reducing health inequalities within the borough
- Promoting independent living of elderly people

Consultation and Communication

As a Commission we fully understand the difficulties of engaging the public in consultations around the provision of healthcare. The very general nature of the proposals has added to this challenge as few people feel strongly enough about the proposals to want to get involved.

As the consultation at this stage does not deal with the local implications of any proposals, it is perhaps puzzling that responsibility for the consultation has been devolved to often under resourced PCT communications departments.

Communications work undertaken by NHS London has so far failed to capture the public's imagination. In particular, supposed benefits of the polyclinic model have not been explained well meaning the debate, insofar as it has happened at all, has been dominated by suggestions that the proposals mean the end of local GP services and represent an attack on continuity of care. Whilst a polyclinic model does pose some risks in these areas, the debate has not been balanced by discussion of the benefits of polyclinics in terms of more accessible opening hours, greater GP specialism and keeping people out of hospital.

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[2] Hackney Health Profile 2007, Department of Health, http://www.communityhealthprofiles.info/profiles/hp2007/lo_res/00AM-HP2007.pdf

We hope NHS London will learn lessons from this for future stages of what will be a long process.

Acute Care
The Commission recognises that existing evidence supports the proposals in Healthcare for London for concentrating specialist services in centres of excellence. When this has been discussed by the commission, concerns have been raised about transport and access given high levels of congestion in this part of London. More work needs to be done to win over the public to what can seem a counter intuitive argument - that better outcomes in stroke for example can be achieved by travelling further for care – and explaining how transport and congestion challenges will be overcome will go a long way to achieving this. Clearly this approach will involve difficult decisions as local hospitals may lose certain services and this makes early communication of the overall benefits of this approach all the more important.

Polyclinics
As mentioned above, much of the debate on Healthcare for London in Hackney has focused on the polyclinic model. City & Hackney PCT has already made significant progress in improving primary care facilities and the models of care proposed in Healthcare for London are not as far removed from our agreed local consensus as to how we should move forward. There are therefore less conceptual challenges than may be the case in other PCT areas. However the same resourcing capacity and management challenges exist. There are serious concerns about transport and access to a smaller number of larger primary care facilities and we would urge NHS London to work more closely with TfL to examine the impact of these proposals both across London and in local settings. With any change of this nature there will be some people who are disadvantaged by change. There are strong feelings locally about any reduction in the number of primary care facilities both in terms of physical access and of continuity of care. In terms of the latter we would seek reassurances that, for those people who attach real importance to their relationship with individual GPs, strategies which go some way to preserving this are considered at this early stage.

The polyclinic model is also being linked in debate locally with increased involvement of the private sector in the provision of primary care. We feel NHS London needs to be clear at an early stage how they see the role for this type of provider going forward.

Partnership Working
As a Commission we have concerns that parts of the Healthcare for London proposals will require joint working between the local authority and health partners are the least worked through. This may reflect the limited involvement of social care professionals at an early stage which has not been helpful. For example, a key theme of the proposals is early discharge from hospital to home which will inevitably put pressure on social care provided by the local authority. The Healthcare for London planned care working groups states “Resources freed up from more day cases may need to be reinvested into social care support.” This makes complete sense in theory but much more work needs to be done on exactly how this would be financed and implemented. It is vital to establish the principles in areas like this now on the basis of what is best for services users – this will mean ensuring the local authority and the PCT have the appropriate budget for the implications of any change.

Conclusion
We welcome Healthcare for London in broad terms and look forward to working with NHS London and our local PCT as the plans move forward. We have highlighted some concerns above and hope that you find our observations useful in your deliberations.

Cllr Jonathan McShane
Chair of the Health in Hackney Scrutiny Commission