



Rt Hon. Jeremy Hunt MP
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

12th December 2016

Cllr Damian Gannon
Sherbourne Ward
Council House
Earl Street
Coventry
CV1 5RR

Tel: 02476 831039
Mob: 07725 536 259

E-Mail damian.gannon@coventry.gov.uk

Dear Jeremy

On 6th December the Coventry and Warwickshire Sustainability and Transformation Plan (CWSTP) was published and on 7th December the Coventry Health Overview and Scrutiny Committee (HOSC) had an opportunity to question NHS Managers over the contents of the Plan. As with a significant number of other responses to this plan, the Coventry HOSC were extremely concerned about both the process for drawing up STPs as well as the content of the local plan. Whilst the HOSC recognised the financial and structural challenges facing the NHS, the Committee were concerned that the details of the plan does not present a solution to resolve these problems. In particular, the Committee were concerned about factual inaccuracies in the plan, whether the projections for reduced patient numbers (and associated spend) is realistic, the opaque nature of the plan and whether this process can now achieve what it set out to. In terms of the factual inaccuracies the plan states that a number of agencies, including Coventry City Council have signed up to the plan. However, a letter from the Leader of the Council highlights the fact that Coventry City Council has not signed up to, nor signed off on, this plan. I note that a number of your colleagues in the House of Commons stated that STPs will be deemed incomplete if partnership with Local Government cannot be demonstrated. Bearing the above comments in mind, I believe that there is insufficient evidence to demonstrate that the CWSTP has worked closely enough with Coventry City Council. Therefore the CWSTP board should be instructed to engage more closely with Local Government to ensure that plans that impact on social care are led by those who are responsible for them. Alternatively, the STP work-streams should be disaggregated to facilitate greater involvement of Local Government and to ensure that there is no danger of Local Government being held to account for decisions that it is not responsible for. I would be grateful if you could provide me with your comments on this proposal.

Secondly, the projections for reduced patient numbers appears unrealistic given the historic trend data which illustrates increasing demand for services across Coventry and Warwickshire. The report states that numbers for A&E admissions, non-elective admissions, out-patient activity, elective inpatient and day case activity will all have reduced substantially by 2020/1 with the reversal in the historic trends starting as soon as 2017. In some areas, the reduction in activity is due to begin prior to work streams to implement the changes, and drive down activity, taking place.

Without being able to scrutinise the evidence that was used to draw these projections it is difficult to establish their accuracy. However, the historic data shows an upward trend and increased demand for health services, which means that the Committee is sceptical about whether these proposals are realistic. Therefore we believe the STP board should reassess these projections to ensure they are certain about whether they are realistic and achievable. It would also be useful if the Board was instructed to release the evidence base behind these projections to establish greater public confidence around them.

Thirdly, as you will be aware, there has been a great deal of concern around the secrecy and opaque nature of this process. Even though the STP has now been published the terminology used in the report makes it difficult to understand, resulting in confusion, concern and anxiety over the proposals. When the plan talks about the creation of a “single point of access for emergency care”, “applying stricter thresholds” and “consolidation” of services across the footprint, it is easy to see why there is anxiety over the proposals. It is worth noting that a number of MPs from across Coventry and Warwickshire have already voiced their opposition to these proposals due to their understanding of the proposals in the report. Therefore, if the process is to continue greater clarity is urgently required to ensure that the proposals in the report are both politically and publically acceptable and provide the best service possible for the local population. Finally, the Committee questioned whether this process can or should continue in its current form. As stated above, the Committee recognises the financial constraints and notes that there will always be political disagreement regarding the amount of resources available to the NHS and Local Authorities, particularly for Social Care as is relevant for this plan. However, the STP process has been conducted in a manner in which public, and political, confidence has been severely tested. Consequently, it may be worth disaggregating the elements of the plan to allow the positive proposals to succeed and permit greater Local Government engagement. If the plan remains as a whole, there is a danger that none of the plans will come to fruition due to the unacceptable nature of some of the proposals and the lack of public willingness to engage in a corrupted process.

Therefore the Committee is calling for greater accuracy, realism, clarity and transparency alongside a new strategy for taking the workable aspects of this plan forward. Thus at this stage the Committee does not support the plan and would urge you to use your good offices to ensure that these recommendations are acted upon by local NHS Managers who are responsible for this process in Coventry and Warwickshire.

I would be grateful if you could let me know your thoughts on these comments.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'D. Gannon'.

Cllr Damian Gannon
Chair of Health Overview and Scrutiny Committee