

BRIGHTON & HOVE CITY COUNCIL

HOSC WORKING GROUP: SUSTAINABILITY & TRANSFORMATION PLAN (STP)

11.00am 20 MARCH 2017

COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 3BQ

MINUTES

Members Present

Cllr Kevin Allen (Chair)
Cllr Lizzie Deane
Cllr Dee Simson (Substitute for Cllr Nick Taylor)
Fran McCabe (Healthwatch)
Colin Vincent (Older People's Council)

Others

Adam Doyle (CCG Accountable Officer)
Rob Persey (Executive Director Health and Adult Social Care, BHCC)
Simon Newell (BHCC)
Karen Amsden (BHCC)

1 DECLARATIONS OF INTEREST

There were none.

2 TERMS OF REFERENCE FOR THE WORKING GROUP

Purpose of the Group

The working group will:

- Seek to understand the STP process, particularly as it relates to the residents of Brighton & Hove;
- Take into account the concerns of local people and stakeholder organisations (via Healthwatch Brighton & Hove);
- Seek assurance that plans are in place to appropriately engage with and/or consult local people on the STP and its constituent plans and strategies;
- Report back publicly to the health scrutiny committee on a regular basis.

Membership

The working will be comprised of representatives from each of the council's political groups and of the HOSC's co-optees from the Older People's Council, the Community & Voluntary Sector and Healthwatch Brighton & Hove.

Members are expected to abide by the BHCC code of conduct.

The working group will elect a Chair.

Regularity of Meetings, Quorum and Access to Papers

The working group will meet approximately once every two months. However there will be provision for urgent meetings to be called. Quorum is three members, unless members explicitly agree a lower figure in advance of a meeting.

Papers will be made available at least five days prior to the meeting.

Evidence-gathering meetings will be held in public unless members agree that a specific meeting should be in private. A note of each meeting will be circulated to members and will be included for reference in the public papers for the next HOSC meeting.

Review

The working group will review its purpose and activity after 6 months (June 2017).

The working group is an informal body and may not discharge statutory HOSC roles in relation to NHS plans to substantially vary or improve local NHS services. If at any point the HOSC is formally presented with STP plans of this nature, the committee shall consider at its next meeting whether to continue with the working group in addition to undertaking scrutiny of the STP at committee. The same shall apply should a formal Joint HOSC be formed either by agreement of HOSC within the STP footprint or at the behest of NHS organisations.

The working group may be disbanded at any time by a simple majority vote of the members of the group.

3 PUBLIC QUESTIONS

No public questions to be taken at this meeting.

At this point Cllr Simson made the group aware she was attending as a substitute for Cllr Taylor.

4 CHAIR'S COMMUNICATIONS

Cllr Allen outlined that the decision was made on 7 December 2016 to set up the working group and a previous scoping meeting took place in January 2017. It was identified there was a delay with arranging this initial meeting and it was hoped there would not be such a delay in future.

**5 EVIDENCE FROM ADAM DOYLE, ACCOUNTABLE OFFICER, BRIGHTON & HOVE
CLINICAL COMMISSIONING GROUP (CCG)**

Members had identified questions to ask Adam Doyle (AD) for evidence-gathering. The following questions were asked and responses given.

Cllr Allen asked about the timetable of the Sustainability Transformation Plan (STP) process. AD responded:

- 44 planning groups have been set up across the country with Brighton and Hove (B&H) sitting within the East Surrey and Sussex STP.
- This footprint asked for a STP that would discuss pressing issues and submit a plan that stated what would happen going forward.
- AD confirmed that since he took up post in October 2016 a draft plan has been submitted to NHS England.

Cllr Allen asked what the phrase ‘sign-off’ means and what the process for the sign-off is. He also wanted clarification on whether the STP would need to be signed off by local authorities or just internally by the NHS. AD responded:

- The STP has been submitted to NHS England who regulate the process and feedback has been received on elements to strengthen the STP. This is the current position so it has not yet been formally signed off.
- There has been close working between the Clinical Commissioning Group (CCG) and Brighton & Hove City Council (BHCC) and there will be a discussion of the outputs of the STP at the CCGs governing meeting at the end of March 2017.
- The CCG have agreed the STP will be shared with Health & Wellbeing Board (HWB) members.
- A standing item at the HWB is Caring Together (CT) which is the local expression of transformation and contributes to the wider STP.
- Rob Persey (RP) also clarified that, from a local authority perspective, the health of people in B&H can be taken forward with the CCG through the CT programme. BHCC will ensure they are fully involved in the process while details of the plan are developed. Currently the council’s input is not as explicit as it needs to be.

Cllr Simson asked how governance will be dealt with going forward and who will have a decision making role. AD responded:

- Michael Wilson (CEO of Surrey and Sussex Healthcare NHS Trust) was selected as the appropriate lead but the STP leadership role will now be decided through a formally appointed process which will happen later this year.
- There is a STP Executive Group which AD sits on, along with Keith Hinkley (Director of Adult Social Care & Health, East Sussex County Council) who represents social care and they are considering having a number of working groups that feed into this.
- New governance is expected to be in place in early 17/18.
- Aim to be more external facing and clearer on the brief and the organisations’ responsibilities and governance.

Cllr Simson wanted clarification on whether the plan is going to manage the deficit. AD responded:

- The plan was credible at the time it was submitted but since then the collective financial position of Sussex and East Surrey STP has significantly worsened so the finance gap has widened. Financial modelling is taking place to address these issues.
- The position for providers has also worsened.
- Financial challenge exists but there is a need to improve the care delivered at hospitals and the CT programme outlines ways to do this.

Cllr Allen wanted to know the increase on the deficit figure from the previous amount of £340m:

- AD was unable to provide this figure until the end of the current financial year when organisations have completed their end of year accounts.

Cllr Simson wanted to know if the position had worsened across the whole footprint:

- AD explained that the financial position of B&H CCG, along with BSUH, is where they had planned to be at the beginning of the year, so their position has not worsened.

Cllr Deane asked about information on historic PFI agreements, the effect they are having on the hospital and how this would impact the STP:

- AD had no available information to hand on PFI but he agreed to provide this information to the working group.

Colin Vincent (CV) identified that in the information made public so far there is reference to engagement but not to consultation and wanted clarification on at what point in the procedure the CCG will involve the public. AD responded:

- The STP will make decisions in public where it can. The governance has not yet been finalised but this is being worked on.
- AD acknowledged that there was disquiet in the city regarding the way the STP was first introduced to the public and since arriving in October 2016 he has done a lot of work with regulators and the council to publicise the process. This CCG has a good record of engagement.
- The STP is written in order to meet criteria for submission so is not easy to read.
- AD is keen to get the right engagement methods in place in order to clearly communicate to the public what the CT programme is trying to deliver and what the CCG are trying to achieve. Robust engagement and openness to the process is expected and desired. AD would be happy to provide HOSC members with the draft communication strategy for comment.

CV asked for reassurance that the change in services will ensure they improve, irrespective of the financial situation. RP responded:

- The process is iterative so it will change through discussion as time moves forward.
- Consultation and engagement is important for the council and partners and needs to occur at the right time. It will take place further down the line to check how things are working, providing opportunities to change as time progresses.
- AD also confirmed that they will discuss the proposed engagement process with a number of people to ensure they move forward initially with an engagement strategy that people feel happy with. They want a fruitful relationship with the council, Councillors and the public.

- The proposed engagement strategy would be taken to the next HWB to communicate the process. The sign-off is planned for May's governing body of CCG and it will then return to HWB.

Frances MaCabe (FM) expressed that there was some concern about the Multi-Speciality Community Provider (MCP) model (such as timetable, the involvement of private providers and resources) and wanted clarification on whether there were still discussions taking place around its use. AD responded:

- The CCG agreed the MCP model would work best for B&H, a main reason being that the CCG is a membership led organisation, led by GPs, making this a key part of how care can be delivered in the city. Last week discussions took place with GPs around the MCP model, with the key issue being how to integrate all primary care in the community.
- The decision of which model to use is still in the planning phase and has not been completely agreed, but what the CCG are trying to achieve fits best with this model.

FM also wanted confirmation on how the CCG would ensure the right staff and skills were in place and how the deficit of GPs would be dealt with.

- AD explained that this is a national problem and a key issue and that they are committed to co-designing a plan about how this will work moving forward.
- A clear plan for how the CCG will work with practices to recruit and retain the best staff, along with looking at other roles for those wanting to work part time for example, is expected at the start of July 2017.
- There are also other possible options including recruiting paramedics to work for GP surgeries, providing homecare, as has been done already in Mid-Sussex.

FM asked for clarification on how the up-front cost of delivery would be financed considering the deficit situation that exists. AD responded:

- This is a challenge as the NHS has an issue about providing funding to deliver new services while already delivering others.
- The CCG however are in a good position and are currently looking at all their contracts to see what could be done differently. It will be ensured that contracts are in the position to work with the model moving forward but there is more work to be done on deciding what the right services are to contract moving forward.

FM asked for assurance in the new model that services would not be taken over by private sector providers.

- AD confirmed that the CCG is subject to the current principles of procurement and must carry out tests on the current services to determine if they are correct to be procured moving forward.
- A procurement model needs to be designed with those both using and supplying the services and they will work with organisations to deliver the model.
- The CCG expect to continue working with existing services but assurances cannot be given that they wouldn't procure private services.

In response to FM mentioning deficits in some groups of staff, AD clarified that:

- Gaps in staff groups exist across the whole of East Surrey and Sussex STP so they are working with partners throughout the area, rather than just at city level, to look at the demand for healthcare and the skills and competencies required in the workforce.

Profiling the city alone would not take into account people working but not living in the city, for example.

FM asked when a tangible difference to those using the service would be seen. AD responded:

- Benefits are already being seen from changes that were made in November 2016 so change can happen quickly.
- Parts of the model will be piloted in 2017/18 with tangible benefits expected to be seen before this winter, however full coverage won't exist immediately. It is expected that full transformation would occur after 3 years.
- RP also confirmed that there are positive things happening now, such as the discharge to assess model, but other areas need to be improved on to maximise the potential of what is already in place.

FM asked if the plans would allow visualisation of how the service could look in one, two, three years' time.

- AD explained that he has seen a granular plan of what the service should look like year to year, however there were no specifics as to what area of the city it would be trialled in.

Cllr Allen asked for clarification on whether the plan was actually achievable. AD responded:

- Additional investment would be helpful as there is growing demand for services and the CCG only has the resource allocation it has been given and cannot go into deficit.
- There are things that can be done to change how the model is delivered in and out of hospital to become more efficient.

Cllr Allen closed the meeting, confirming that the next working group would focus on the acute sector and there would be an opportunity for public questions.

The meeting concluded at 12.30pm

Signed

Chair

Dated this

day of