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13 August 2019

Dear Cllr Deane

Re: Funding of the Disability Advice Centre

Thank you for your letter of 29 July 2019 on behalf of the Brighton and Hove HOSC, following the Health Overview and Scrutiny Committee (HOSC) meeting on 17 July 2019.

There are some issues which, given the nature of discussions at HOSC and reflected in your letter, that we would like to clarify:

- Notice of non-renewal of funding for welfare benefits advice service
- Equality Impact Assessment
- Key principles of the use of NHS funding
- Wording of your letter.

Notice of non-renewal of funding for welfare benefits advice service

The Local Authority and CCG commissioners met with Possability People on 12 December 2018 to discuss the funding of the Disability Advice Centre (DAC). At this meeting, the Local Authority confirmed a 10% cut in its funding for 2019/20, and the CCG confirmed that we were unable, at that point, to guarantee funding beyond the end of the contract in March 2019. Following the meeting, an email was sent to Possability People on 21 December 2018 to inform them that the contract was being reviewed and that there was no certainty of ongoing CCG funding.

Given that the contract was due to end in March 2019 and that Possability People had been

given no certainty about continued funding, it would be reasonable to have expected the organisation to fulfil their own legal requirements regarding management of staff and taking necessary measures to ensure the contract end was handled appropriately.

Equality and Health Impact Assessment (EHIA)

An EHIA was completed in early January 2019 and this informed discussion at the CCG's Local Management Team in January and February 2019, prior to, and directly informing, the CCG's final decision-making process. The EHIA was again reviewed in the light of further comments and signed off by the CCG's Equality and Diversity Lead prior to sharing with Possability People and other parties in early April 2019.

The EHIA recognised that there are a variety of services in the city, and nationally, which could provide support and advice to people seeking help with benefits. We did not contact these organisations to assess their capacity and we acknowledge that this is something we could have followed up on; however, this does not change the reasoning for the decision not to renew funding for the DAC contact.

The EHIA included a Prioritised Action Plan, which centred on ensuring information about the range of services was made available. Again, we have acknowledged that we could have been more proactive in ensuring these actions were followed up.

With regard to service user engagement, we had already been provided with user feedback through the DAC contract review process, and we were satisfied that those using the service considered it valuable and that it impacted positively in a number of ways, including being able to access benefits. We could indeed have carried out further engagement with service users; however, this would not have changed our decision given the reasons, as outlined, for taking it.

Key principles of the use of NHS funding

The CCG recognises that the DAC provided a service that was very much valued by its users and the wider community; however, the key principle on which the CCG's decision was made was the need to prioritise limited NHS funding, and to deliver standards enshrined in the NHS Constitution. In addition, as a CCG much of our funding is nationally determined – such as our spend on primary care and mental health services – which means that funding outside this is limited and must be prioritised.

The CCG has a legal responsibility to ensure that the funds allocated to meet the health needs of the local population are used to the best effect; this involves constant assessment of how we use these funds, which includes consistent review of our contracts to ensure we are meeting required our legal duties, NHS Constitution standards and agreed outcomes.

Wording of your letter

We are sorry that you feel that this decision is not “*humane*”. We make all of our decisions with consideration of the best interests of our population and of course with regard to the stewardship of public money.

We note that your letter is also written “on behalf of Possability People”; this response to your letter is addressed to you as Chair of the HOSC. We feel that it would be much healthier for the relationship between the CCG and HOSC, and will protect against any potential conflicts of interest, for any future discussions and correspondence between us to be carried out in an objective and impartial way.

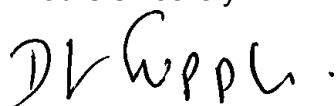
Conclusion

In summary, and as was discussed at HOSC, the NHS locally has to make decisions on how best to deploy the limited financial resources to best meet the health needs of the whole population of Brighton and Hove within the policy and financial frameworks that are set for the NHS nationally. This requires us to constantly make decisions about where investment needs to be made that will have the largest positive impact on, and make the greatest difference to, people’s lives.

We have, though, made decisions on this matter under the authority we have as a CCG and, in the absence of tangible evidence that has not previously been considered, that decision will stand.

Regardless of this, as partners committed to the wider Brighton and Hove Health and Wellbeing Strategy, we would welcome alternative solutions to further support people with welfare and benefits advice needs and will work with partners to that end. For example, we are now engaging with the Department for Work and Pensions in exploring local opportunities for partnerships with NHS and GP surgeries to raise awareness of health journeys, disabilities and benefits within the social prescribing service model.

Yours sincerely



Dr David Supple
Clinical Chair

Brighton and Hove Clinical Commissioning Group
Central Sussex and East Surrey Commissioners

