

Public Questions 22 Jan 2020 HOSC

1 Janet Sang:

My understanding is that each Integrated Care Provider-Partnership central to the Long Term Plan will commission health and social care, and will have a contractually-capped budget based on per capita funding. If that is the case, two issues arise.

Firstly what concerns does HOSC have about the care of those not registered in participating GP practices?

Secondly, what will happen should the needs of the population exceed what can be provided within that budget?

If my understanding is not correct, please explain what is the funding and provision model enshrined in the Long Term Plan.

2 Judith Anston:

In B&H we have 1 GP for every 2,526 residents. This is one of the worst ratios in the country, the national average being 1 GP to 1,780 patients. (March 2019 figures, from FOI provided by B&H CCG)

Does the Long Term Plan address the need for more GPs in the city? Fewer surgeries is making it harder for some communities to access appointments, and access to less qualified staff is propping up provision: is the Long Term Plan undermining primary care?

3 Valerie Mainstone:

It is recognised that there has been a dramatic increase in the number of people who are struggling with their mental health: an increase due, at least in part, to the politics of austerity. It is worth recalling Aneurin Bevan's question "Why is it that in times of economic crisis the working class is made to bow its knee to the needs of capital?"

The funding of our Child Mental Services is the lowest in Western Europe. Up to 70% of those sleeping in our streets suffered a traumatic childhood, necessitating their being received into the care of the Local Authority.

The British Medical Association states that mental health workers are overworked, demoralised, and forced to deliver a compromised service.

How will the Long Term Plan improve mental health services in Brighton, Hove and Portslade?

4 Pat Kehoe:

Is HOSC concerned that the recent raising of treatment thresholds and rationing of services is preparing the way to provide restricted budgets for Integrated Care Partnerships, irrespective of the care that is actually needed?

5 Liz Williamson:

In a recent meeting of the full council, concern was expressed about the democratic deficit which was illustrated by the CCG outvoting the elected members on the HWB on the fundamental issue of the Long Term Plan and Integrated Care. One Member went as far as to say it was simply a rubber stamping exercise.

This meeting followed a recent report on the Population Health Check in Brighton and Hove which revealed a lamentable 1.8% of the population were consulted. This statistic is even more concerning since the population is expected to increase by a further 6% by 2026.

This democratic deficit experienced by both Council members and the local citizens of Brighton and Hove could be addressed in the form of a people's or citizen's commission on health and social care which would be under-pinned by the political will and support of the Council and which would provide Council Members with detailed information that would inform the decision making processes. Will the HOSC propose this more progressive and meaningful consultation drawing on the expertise of a wider group of people in Brighton and Hove with the knowledge and experience of health and social care?

*Office of National Statistics estimate for population was 287,200 in 2016 with an estimated rise of 6% until 2026 reaching 304,300.

6 Linda Miller:

Our local hospital, is very short of staff. From the figures supplied by BSUH it appears we currently need 512 more nurses and 43 more consultants. (FOI figures September 2019, attached)

How does the CCG's Sussex Health and Care Plan address the shortfall of staff at our local hospital? Will the CCG's long term planning result in a sufficient number of nurses and doctors to serve our population? How can our local healthcare service improve if there isn't the staff to provide it?

