



**Brighton & Hove
City Council**

**HEALTH OVERVIEW & SCRUTINY
COMMITTEE
ADDENDUM**

4.00PM, WEDNESDAY, 7 DECEMBER 2016

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

ADDENDUM

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39 PUBLIC INVOLVEMENT	1 - 4
c) Deputations: to receive any deputations submitted by the due date of 12 noon 1 December 2016.	
i) Sustainability & Transformation Plan – Ken Kirk (copy attached).	

DEPUTATIONS FROM MEMBERS OF THE PUBLIC

A period of not more than fifteen minutes shall be allowed at each ordinary meeting of the Council for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes following which one Member of the Council, nominated by the Mayor, may speak in response. It shall then be moved by the Mayor and voted on without discussion that the deputation be thanked for attending and its subject matter noted.

Notification of 1 Deputation/s has/have been received. The spokesperson is entitled to speak for 5 minutes.

**(a) Deputation Sustainability & Transformation Plan
Spokesperson: Ken Kirk**

Supported by: Madeleine Dickens, Carl Walker, Tony Graham, Stephen Maclean

Summary of presentation for deputation to HOSC re STP

- Too many hospital beds are unavoidably occupied by frail elderly patients for whom there is no social care provision; our social care system of privatized care homes is close to collapse. Since 2010 funding of adult social care has been cut by 12%
- The 5YFV stated the UK needs “a radical upgrade in prevention and public health”; this requirement in Stevens’ document has been ignored; in fact public health expenditure has been drastically cut.
- The government ignores demands to improve social care provision, but acts on the 5YFV recommendation to produce ST Plans.
- The stated aim of STP is to integrate health and social care, motivated more by hope than any understanding of need; with no consultation of professions or public. From the extreme level of “savings” (ie cuts) outlined in both the STP and Place-Based Delivery plan we can only suspect that the real objective is to reduce budgets regardless of consequence.
- In illustration of this, the “do nothing” deficit by 2020/21 NHS England insists has to be cleared by the regional STP footprint (33) is a staggering £860 million.
- Two divergent figures are quoted for “savings” under “Provider Productivity” - £276 million and £340 million in “Productivity change”. Whichever figure is correct, it can only mean substantial staff redundancies; down-grading of bandings and posts; de-skilling; increased voluntarism; the erosion of AFC conditions and contracts; and mass contracting out.
- Other “savings” specified in the STP report - Social care - £112million; Place-based acute care - £171million; “Prevention”, a supposed cornerstone of STP - £29 million. The Place-based delivery Plan outlines specific “savings”: for eg- 40% reduction in emergency admissions of people over 75; 50% reduction in “excess (hospital bed) days for those over 75” in an alternative setting. These “savings” clearly assume all the displaced masses of patients will be “diverted” to the already grossly over-burdened, in crisis social care sector in the city. How can this be given any credence? Where is the massively-increased funding to avert collapse of the social care sector with all the unimaginable consequences?
- There are concerns to be discussed in more detail, about proposed new legal entities to deliver the STP, primarily US imports – for eg Coastal West Sussex Accountable Care Organisation which will become one of the main providers of healthcare in the region.
- STP would put the final nail in the coffin of a public, nationally provided NHS, give the private sector even freer rein and consolidate a two-tier insurance-based health system. It would have an irrevocably harmful impact on the quality of health and life of city residents.
- Local Authorities round England (including close neighbours) are opposing STP. At least one LA has initiated legal action. There is growing national recognition of the core fallacy that STP is anything other than the mass divesting of responsibility by the government for a crisis-ridden NHS, the inconceivable levels of debt which have been allowed to accrue and the resulting highly destructive and unpopular decisions to be made. As the 6th richest country in the world, we can and have to afford a nationally-funded NHS.
- HOSC with its role of overseeing and scrutinising our local health services has to act urgently. We urge you as our elected representatives:
 - *As there appears to be gathering opposition to STP in the council and in local party organisations, for HOSC to recommend that the HWB and full council as a matter of urgency make a formal decision to oppose the imposition of STP locally and nationally.*
 - *To convene urgently a review panel to call witnesses to account for all aspects of the STP and the Place-based delivery Plan.*
 - *HOSC seeks urgent legal advice re the procedure for B&H Council’s agreement to the STP to avoid the undeclared imposition of any NHS England decisions.*

