Item 34(c)

BRIGHTON & HOVE CITY COUNCIL

HOSC WORKING GROUP: SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP)

11.00am 22 SEPTEMBER 2017

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Allen (Chair), Councillor Wealls, Fran McCabe (Healthwatch), Colin Vincent (Older People's Council)

PART ONE

13 DECLARATIONS OF INTEREST

13.1 There were none.

14 CHAIR'S COMMUNICATIONS

14.1 There were none.

15 MINUTES OF THE PREVIOUS MEETING

15.1 The minutes of the previous meeting were agreed.

16 PUBLIC INVOLVEMENT

16.1 **Madeleine Dickens** raised a number of points about the STP process, including:

- The STP currently has no Chair. There is a concern that a replacement Chair will be imposed from above rather than chosen locally.

- There has been no information on acute care changes to date, other than the 'merger' of Brighton & Sussex University Hospitals Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (Western). However, it is evident that some acute reconfiguration must be being considered given the size of the savings required, and rumours of planned changes are circulating (e.g. that the Sussex Eye Hospital will be moved to Worthing). It is important that the public is informed of plans at an early stage and not presented with a *fait accompli*. HOSC should press for this information.

- There has been little or no information about the planned Multi-Disciplinary Community Provider (MCP) model. Again, in the absence of fact rumours are circulating – for

example that independent sector providers may be being considered to run some of the MCPs.

- The Naylor Review states that STPs should partly be funded by the disposal of spare NHS estates. However, other than plans to re-purpose parts of the Brighton General Hospital (BGH) site, there has been no information about any disposal of local NHS assets. There was mention of asset disposal at a recent Greater Brighton Economic Board (GBEB) meeting, but the substantive discussion was not in public. It is concerning that information on this is not in the public domain. In terms of the BGH site, it is also unclear where NHS services currently using the site (i.e. East Brighton Community Mental Health services) will go should the site be used for other purposes.

16.2 Fran McCabe agreed that the lack of public information on the STP was worrying and that clarity was urgently needed – for example in terms of any plans to move services from the Royal Sussex County Hospital (RSCH) site.

16.3 Cllr Wealls queried what the role of the working group was here: there seems to be little value in the group taking up matters which may just be speculation.

16.4 **John Kapp** raised concerns about which body is responsible for the city NHS commissioning budget, arguing that the Health & Social Care Act (2012) ascribes ultimate responsibility for this budget to the Health & Wellbeing Board rather than the CCG. Mr Kapp also argued that transforming mental health services should be a key part of the STP plans.

16.5 The Chair thanked Mr Kapp for his submission but noted that it was not a matter that the working group could take up.

17 BRIGHTON & HOVE GP SURVEY

17.1 This item was introduced by two retired city GPs, Judith Aston and Jane Roderic-Evans.

17.2 A survey of city GPs was undertaken earlier in the year, in May, in which 56 GPs replied out of 125 contacted. Over 50% GPs surveyed expressed dissatisfaction with the STP process to date. This has been followed by further questioning of GPs in six local practices. GPs in these practices continue to report feeling uninvolved in the STP; believing it remains a top-down process; one worried that GP provision will increasingly become a telephone triage service. The CCG has not responded adequately to the findings of the local GP survey.

17.3 The local healthcare system is under increasing and unsustainable pressure. For example, Brighton & Hove CCG wrote to GP Practices on18th September urging them not to refer patients to RSCH A&E unless absolutely necessary due to the severe bed pressures being experienced at the hospital (and the winter has not yet begun). GPs are already working beyond their safe capacity, and unlike acute services, do not have the option of limiting increases in their workload.

17.4 The STP will only increase pressure on GPs, particularly in terms of plans to move activity from acute to community settings. Without significant additional investment in

GP services, the system will be in danger of collapse with an adverse impact on patient care including increased mortality. UK mortality rates are already rising according to the Journal of the Royal Society of Medicine: we are one of the few developed countries to see such a rise in recent years.

17.5 Brighton & Hove already has below average GPs per 1000 people). Eight city practices have closed in the past two years, and more may shut in the near future. Closure creates a domino effect, with adjacent surgeries having to take on many more patients which impacts on their own sustainability. The CCG has not been adequately supporting surgeries to cope with this additional demand.

17.6 Six city practices currently have closed lists. Many city GPs are near retirement age (17.80 FTE aged 55+ years) and many more are considering early retirement.

17.7 Local STP plans include saving considerable sums (£40M) via peer review of GP referrals. Experience of previous referral management systems (e.g. the one run by BICS) suggests that this will not be a clinically worthwhile activity and will only save money in the short term by delaying necessary treatments, with possible negative impacts on patients in the longer term.

17.8 Other possible changes to save money will not only have a detrimental impact on patients, but could actually increase healthcare costs in the longer term. For example, not providing hearing aids for people suffering moderate hearing loss might save money in the short term, but hearing loss is strongly correlated with the earlier onset of dementia; any savings may be swallowed by the costs associated with increased numbers of dementia sufferers.

17.9 Plans to scale-up the delivery of GP services may deliver efficiency savings, but they threaten continuity of care. There is strong evidence, particularly with frail and elderly patients, that continuity of care delivers better outcomes. Moving to larger hubs, and relying more on apps and telephone consultation threatens to worsen outcomes.

17.10 The STP focuses on reducing pressure on hospitals, but reducing pressure on GP services should be just a high a priority. CCGs has the option to resist STP plans, as Hackney CCG has done; there is no legal requirement to implement them.

17.11 Cllr Wealls noted that it was important to be cautious with statistics: whilst it is true that UK mortality rates have risen in the past 2-3 years, death rates went up in a number of developed countries in 2015, including France, Germany and Italy.

17.12 In response to a question from the Chair on how CCGs had engaged with GPs on the STP, members were told that this was mainly via CCG locality meetings. However, only one person from each practice attends these meetings, so information is not broadly disseminated.

17.13 In answer to a question from Colin Vincent about the role played by GP professional bodies, the working group was informed that neither the British Medical Association (BMA) nor the Royal College of General Practitioners (RCGP) have lobbied effectively with regard to STPs.

17.14 Fran McCabe noted that she was concerned by what she had heard. In particular, whilst moving activity from acute to community settings could have benefits, it is important that it is properly funded, and that there is the primary care capacity to deal with increased demand. Any significant activity shifts should include full Equality Impact Assessments (EIAs).

17.15 Cllr Wealls reminded the working group that it should remain focused on matters that the HOSC could conceivably influence.

17.16 In response to a query from the Chair as to whether the GP partnership model was no longer appropriate, members were told that this was not the problem: the issues are of under-funding and excess demand.

17.17 The Chair thanked Dr Aston and Dr Roderic-Evans for their contributions.

18 BRIGHTON CITIZENS' HEALTH SURVEY

18.1 This item was introduced by Carl Walker.

18.2 There have now been two Citizens' Health surveys (completed by 1000 and by 700 respondents respectively). It should be stressed that this is a novel approach to garnering public views and is not a typical 'survey' – for example, it asks questions on complex areas that respondents do not necessarily have a definite opinion on.

18.3 Respondents to the surveys overwhelmingly want to be consulted about plans to make cuts to NHS services. A significant majority are also opposed to major structural change of the NHS. Although the surveys predate the STP, there is evidence that members of the public and clinicians hold similar views about the STP process (this includes recently published research by the BMA and by the King's Fund).

18.4 There are a number of specific concerns about the STP:

- Governance – this is currently very unclear, particularly in terms of where accountability lies as the STP currently has no statutory form.

- Finance – the £900M local gap by 2021 is very concerning, as are intimations that this gap may be reduced by 'rationing' access to procedures such as tonsillectomy, knee arthroscopy, cataract removal and IVF; to technological aids such as hearing aids; or by requiring obese people and smokers to make lifestyle changes before getting an operation.

- Secrecy – the development of STPs has been done secretly, with local authorities discouraged from publishing the initial STP submissions.

- The Big Conversation – this has been billed as meaningful engagement, but there has been no detail of the changes planned. A number of people who have been involved in the Big Conversation have reported being frustrated by it.

18.5 Mr Walker proposed the following actions:

- That the HOSC should undertake an independent examination of the STP, including looking specifically at governance arrangements; and
- That there should be a health and care impact assessment of all the STP plans (Mr Walker noted that when this was done for plans to change the West Sussex Musculoskeletal Services model, the plans were subsequently withdrawn).

18.6 Fran McCabe agreed that it was important that a health and care impact assessment and an EIA were undertaken before major changes take place. She also agreed that to date the focus of STP engagement had been on broad principles, and it is worrying that more detail has not been forthcoming.

18.7 Colin Vincent agreed, noting that the Big Conversation events he had attended had been devoid of detail about service changes. Given this, it is unsurprising that many people have assumed the worst about the STP plans.

18.8 Cllr Wealls noted that the city council is not able to undertake the assessments suggested, but that the HOSC could choose to recommend to the CCG that it undertakes the assessments. HOSC could also find out what the CCG's triggers for undertaking impact assessments are.

18.9 There was discussion with the speakers and members of the public. The following points were raised:

- The STP is already being implemented via local place-based plans. Where are the impact assessments for these plans?
- HOSC and Healthwatch Brighton & Hove should jointly recommend that the CCG impact assesses all STP plans for service change.
- There has been no public feedback on the Big Conversation events to date – some feedback would be welcomed.
- Some people are unhappy with the STP focus on footprint-wide savings plans and want local engagement to focus on local savings requirements.
- When the public is fully involved in planning service change, health outcomes are improved.

18.10 The Chair thanked everyone for contributing.