

Subject:	Sussex Health & Care Plan and the Brighton & Hove Plan: the Local Response to the NHS Long Term Plan		
Date of Meeting:	18 March 2020		
Report of:	Executive Lead, Strategy, Governance & Law		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report presents the Brighton & Hove Health & Care Plan (BHCP) for scrutiny. The BHCP is the local 'place' response to the NHS Long Term Plan (LTP). A copy of the Plan is included as **Appendix 2**.
- 1.2 The CCG slides (**Appendix 1**) outline the contents of the Plan and the Sussex-wide Sussex Health & Care Plan (SHCP). The SHCP is included at **Appendix 3**.

2. RECOMMENDATIONS:

- 2.1 That members note the contents of this report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The NHS Long Term Plan (LTP), published in 2019, sets out a blueprint for the development of NHS services across the next ten years. Regional NHS commissioners, providers and local authorities were asked to jointly develop their own strategic plans in response to the LTP. These were submitted for evaluation in November 2019, with definitive local plans agreed in early 2020.
- 3.2 The LTP requires health and care commissioners and providers to work together at three levels: operationally, in 'neighbourhoods' of 30-50,000 population; in 'places' of 250-500,000 people; and strategically, in 'systems' of 1-3 million people.
- 3.3 In local terms, the 'system' is Sussex and the Sussex Health & Care Plan (SHCP) sets out strategic planning for this area, including plans to develop a Sussex-wide Integrated Care System (ICS). Our local 'place' is Brighton & Hove; this is one of three 'places' within the Sussex system – West Sussex and East Sussex being the others. Each has its own development plan (e.g. the Brighton & Hove Health & Care Plan) which supports the delivery of the SHCP. There are

seven neighbourhoods in Brighton & Hove, sharing the same footprints as local Primary Care Networks.

3.4 Both the system and place strategic plans are by definition high-level documents. They will be supported by more detailed operational planning, including specific plans for service change where this is required by the strategic vision. Any NHS plans to make substantial variation or improvement to local services must be shared at an early stage with local HOSC(s).

3.5 HOSC members previously considered elements of the NHS LTP at the January 2020 HOSC meeting. Several members of the public also raised concerns about aspects of the LTP requirements at this meeting. The HOSC Chair has suggested that it would be sensible to consider these issues as a starting point when scrutinising the Brighton & Hove response to the NHS LTP. The issues raised at the January 2020 HOSC meeting include:

- Details of the local Integrated Care Partnership (i.e. the 'place' partnership of health and care commissioners and providers); particularly whether there are any plans to adopt a contract model with capitated funding for the local ICP.
- What plans are there to address the very low GP: patient ratios in Brighton & Hove?
- What plans are there to improve mental health services in Brighton & Hove?
- What are the plans to improve young people's mental health services in the city, particularly in terms of providing timely access to diagnosis and treatment?
- What are the plans to address local NHS workforce shortages, particularly in terms of medics and nurses working in acute settings and in mental health?
- What is going to be done to improve city acute healthcare performance in the short term, with particular reference to local under-performance against the national 18 week Referral to Treatment (RTT) targets for elective procedures and the national targets for cancer diagnosis and treatment?
- Does the establishment of a Sussex system 'footprint' mean that some patients will receive treatment further from home (e.g. at a Sussex hospital with spare capacity or with a particular specialism rather than at their local hospital)? If so, is there a commitment to ensure that there are affordable and sustainable transport options in place for both patients and family/carers before any changes are instituted?
- Governance issues; particularly the accountability of ICS/ICPs, now and going forward; and democratic accountability: e.g. the role of elected members.
- 'Neighbourhoods': e.g. whether these offer a genuine prospect of designing locally sensitive 'bespoke' services.
- Engagement and co-design of services with local people, particularly people from communities whose voice is typically not heard.

- What will the role of the private sector be in future health and care services?

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None directly.

6. CONCLUSION

6.1 Members are asked to note the area (Brighton & Hove) and system (Sussex) responses to the NHS Long Term Plan.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 Not relevant to this report for information

Legal Implications:

7.2 There are none to this report for information.

Lawyer Consulted: Elizabeth Culbert Date: 01/03/20

Equalities Implications:

7.3 At the January 2020 HOSC meeting members expressed interest in local planning in response to the LTP in relation to protected groups. This was specifically in terms of: engagement: e.g. how the NHS planned to engage 'hard to reach' communities on the plans; travel: how people from protected groups (e.g. older people/people with disabilities) would be supported to travel to and from healthcare appointments in a scenario where a more integrated Sussex health system may require people to access acute care from a hospital that is not local to them.

Sustainability Implications:

7.4 At the January 2020 HOSC meeting members expressed interest in the potential for additional patient journeys in a scenario where there is greater integration of acute healthcare across Sussex (e.g. where patients may be encouraged or required to travel to non-local hospitals where there is spare capacity or a particular specialism). In such a scenario, members were interested in what

support would be provided to ensure that people have access to sustainable and affordable travel options.

Brexit Implications:

- 7.5 None directly, although members may wish to explore the implications of Brexit in the context of the degree to which local health and care services are currently reliant upon an EU workforce.

Any Other Significant Implications:

Crime & Disorder Implications:

- 7.5 None identified.

Risk and Opportunity Management Implications:

- 7.6 None identified.

Public Health Implications:

- 7.7 Public health is integral to the place and system plans and is addressed at length in the plans.

Corporate / Citywide Implications:

- 7.8 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. slides on the local response to the NHS Long Term Plan – provided by Brighton & Hove CCG.
2. Brighton & Hove Health & Care Plan
3. Sussex Health & Care Plan

