

PUBLIC INVOLVEMENT

WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following written questions were received for the Health & Wellbeing Board meeting held on the 13th June, 2017; and are included along with the supplementary questions asked at the meeting and the written responses that were provided following the meeting:

PQ 1. Valerie Mainstone

"Will the Board prevail upon Sussex Community Foundation NHS Trust to re-instate the post of Breastfeeding Support Worker for Hangleton and Portslade while a full impact and equality assessment is conducted, including a meaningful consultation with the service users, and then brought to the Board?"

Response:

"Thank you both for your petition and for your question about the breastfeeding support worker.

As the Board is aware in the past 15 months we have had several reports on the Public Health Community Nursing 0-19 service which includes the breastfeeding service. The current provider of these services is Sussex Community Foundation Trust.

Within the Healthy Child Programme the Department of Health has identified breastfeeding as one of the six high impact areas where the work of the 0-19 teams is expected to have a significant impact on health and wellbeing and improve outcomes for children, families and communities. The breastfeeding rate is one of the key performance indicators for the new public health community nursing service 0-19 years.

In Brighton & Hove the breastfeeding rates are amongst the highest in the country. In 2016, the breastfeeding rate in Brighton & Hove at 6-8 weeks was 72% compared with the England rate of 43%. The local rates at ward level varied from 85% to 55% with Hangleton and Knoll at 67%.

The Health and Wellbeing Board does not have the authority to reinstate the breastfeeding support worker post. This is a matter for the Trust. Having spoken with Sussex Community Foundation NHS Trust their strategy is to develop the public health nursing workforce to be able to provide the type of additional support being provided in Hangleton and Portslade for breastfeeding mothers living everywhere in the city.

Ms. Mainstone asked the following supplementary question, "Could I have any information relating to the figures for Portslade and could the Chair explain how the revised service would support the most vulnerable people in regard to breast feeding."

Supplementary Question

“Could I have any information relating to the figures for Portslade and could the Chair explain how the revised service would support the most vulnerable people in regard to breast feeding.”

Response:

The Board will request an update item to cover:

- The breastfeeding rates across the city by ward – if possible
- The outcomes that SCT are working towards in the contract and if there is any specific targeting within the contract that reflects need
- Any information about impacts of the change of contract – although this may be not apparent within this timeline.

PQ 2. Mr. Kapp

“Will you please report on the number of vulnerable people who have been treated under the Better Care Fund (BCF) giving recovery rates and future plans to treat addicts and homeless people in the light of the Council’s policy of ending the need for rough sleeping by 2020?”

Response:

In 2014, the Homeless Integrated Health and Care Board was established under the Better Care Programme with the aim to: “Improve the health and wellbeing of homeless people by providing integrated and responsive services that place people at the centre of their own care, promote independence and support them to fulfil their potential”

As a result of the work of the Homeless Board during 2016 the CCG commissioned a new extended homeless GP practice to improve the health care offer to homeless people. The GP practice serves as a hub with an engagement outreach team working across the city. In addition the GP practice provides in reach support to homeless patients admitted to the Royal Sussex County Hospital and Millview Hospital. The service involved an additional investment in the service.

The contract for the new GP practice started in February 2017 and has been positively received.

The next phase of work is to ensure a broader range of health and care services are integrated to create a full Hub and spoke model. The aim is to change the way care is accessed, increasing utilisation of primary and community services and reducing reliance on unscheduled and emergency care.

Supplementary Question

“What are you doing about dead doctors and nurses walking (not working) in the toxic NHS?”

Response:

The supplementary question was in a 4 page summary report presented by Mr Kapp and could not be responded to given it is an opinion rather than a formal public question.

PQ 3. Sandy Gee

“What is the HWB doing to support the self-management of the large number of primary care patients with medically unexplained symptoms yet who tend to reject psychological therapy (CBT) due to their explanatory model being physical and the stigma of mental health services?”

Response:

“The CCG has commissioned the GP Persistent Symptoms service to provide a multidisciplinary care pathway for people with medically unexplained symptoms. The service started in April 2017 at the following surgeries:

- Matlock Road Surgery
- Hove Park Villas Surgery
- Trinity Medical Centre
- Charter Medical Centre
- Brighton Health & Wellbeing
- Benfield Valley Healthcare Hub

This is a 12 month pilot which will be fully evaluated using a range of evidence based clinical outcome measures. The GP, Psychiatrist and Psychologist providing this service have all received specialist training the treatment of medically unexplained symptoms, and have provided training to Primary Care Clinicians within the cluster.

We will be reviewing every 3 months and depending on demand / capacity will roll out to other Clusters over the course of the pilot.”

Supplementary Question

“Will the pilot be focusing on self-management of symptoms?”

Response:

The treatment pathway involves an initial formulation which will be shared with the GP and patient and include advice regarding self-management. A proportion of patients will have evidence based one to one treatment from a Psychologist and will be discharged with a full self-management / relapse prevention plan. We plan to introduce ongoing rolling groups by the end of the Pilot and these will be co-facilitated with patients and focus on self-management

PQ 4. Ken Kirk

“I can see the approach you collectively take to the STP is to make the best of it. To try and minimise the effect of the reduced budget and redefine services to fit the diminished funding and at the same time account for the deficit; yes and integration health and social care. The approach I think that would best serve the interests of B&H patients, and surely the message the general election result conveys, is for you to say ‘No, enough of this pretence. We had at one time a comprehensive

health service and now you expect us to destroy it, we will not be part of the Conservative party's pursuit of small government. What the government expects us to do is just plain immoral. Can you not see this?"

Response:

"Thank you for your opinions around the STP. We understand the concerns you have raised about the national context of the STP. One of the priorities of all STP is, of course, to ensure that we are getting the most out of tax payer's money for the residents we cover and maximise the resources available, including the workforce. However, it is not right to say that the STP is just a cost cutting exercise.

The Sussex and East Surrey Sustainability and Transformation Partnership (STP) outlines how the NHS and social care will work together to improve and join-up services to meet the changing needs of all of the people who live in our area. There are 23 organisations in our partnership – local authorities, providers and clinical commissioning groups. It is the first time that we have all worked together in this way and it gives us an opportunity to bring about significant improvements in health and social care over the next five years. The STP aims to ensure that no part of the health and care system operates in isolation. For example, we know that what happens in GP surgeries, impacts on social care, which also impacts on hospital wards, and so on. The STP aims to make practical improvements – like making it easier to see a GP, speeding up the diagnosis of cancer, and offering help faster to people with a mental illness. It also aims to support people to take more responsibility for their own health and wellbeing.

The STP is not one single separate plan. It is a way of making sure that all the plans being developed by the partners across the area are joined up and working together. The STP's overarching approach is to ensure that there are local 'place-based plans' so that people can get the care they need as close to home as possible. The place-based plans are being developed locally, led by the CCGs and local authorities, and are being incorporated into the STP, rather than the other way around. Much of the work that underpins the place-based plans would be going on already even if it were not for the STP; the STP ensures that it is joined-up.

Caring Together is Brighton and Hove's response to the STP and is part of the local place-based plans to improve health and social care across the city. The programme builds on work that has already been underway in Brighton and Hove and sets out how the city can improve and transform adult and children's services, physical and mental health, social care, public health, GPs, pharmacies, community, voluntary sector and hospital services. It is a joint programme led by Brighton and Hove CCG and Brighton & Hove City Council. The two organisations have already engaged with the public about the aims and objectives and a programme description was approved by the CCG's governing body in March. More detailed plans will now be developed alongside significant engagement with the public, patients, the community sector, Healthwatch and GPs in the coming months. A comprehensive engagement plan is being developed and the next public engagement event is planned for 4 July."

Supplementary Question

"Do you agree that the best approach for residents would be for the Health & Wellbeing Board to say no and not be part of the Government's proposals?"

Response:

The Board has previously had presentations about the Sustainability and Transformation Partnership (STP). These have clearly stated that the do nothing approach is not viable. We will continue to work for the best outcome for our residents and will provide ongoing reports to the Board.

In the Board the Chair did say he would do a personal response which is below

While I appreciate the strong feelings and the depth of admiration and love that all residents feel for the ongoing secure future of our National Health Service and its principles, the lesson of the General Election is that over 80% of voters supported the development of integrated Health and Social Care services which were features of both current Conservative government policy and the Labour party manifesto. While integration is a desirable and rational ambition for the city we will of course continue to closely monitor developments and ensure that our city's health and wellbeing outcomes are our highest priority and are the focus of all future changes and challenges. The financial challenge and staffing challenge that our cities health and care services face would not be helped by delaying, deferring or ignoring the benefits of integration. The nature of the integration will be subject of public engagement to find out the needs, preferences and ideas that our broad communities hold. The NHS is not ours merely to control. It is everyone's responsibility to nurture it and give it the strength and support to flourish.

PQ 5. Pat Kehoe

“What impact assessments (ia) have been undertaken by Mr Persey, his department, council employees, Councillors or sub-contractors, of our STP/place-based plan relating to Brighton and Hove (B&H). A written ia report on its implications for health and care service changes/provision for B&H, including a financial breakdown of implementing these changes is essential. Consultation on same, with awareness of the impact of these changes to our health and social care provision, can then take place. Therefore, if not already available, when will a full ia report on these changes be available? A time-table of public consultations would also be appreciated.”

Response:

“Impact assessments are done at service level as changes are made. People who come to the Board regularly will know that as service are retendered or services reviewed a full impact assessment has to be undertaken as part of the process and this will continue.

With regard to public consultation and engagement. The council and CCG have had a series of events last year, which many of the people here attended. Now more information is becoming clear we are starting a programme of conversations about out health and care across the city, the first will be on 4th July. We are currently planning out the health and care conversations and a communications strategy should be coming to the Board on 11 July.”

Supplementary Question

“Who will provide replacement financial implications of the changes being proposed and can you provide details of that information?”

Response:

A number of organisations across our STP have been financially challenged for some time and have, individually, been trying to find ways to address the situation, which they have found difficult. We also know that we have systems and processes in place currently across the STP that are not as efficient as they could be for our patients and this is something we have to look at improving locally and across the STP area. Work is going on across the STP area as well as with our CCG and Council. We will continue to share information when it is available but we do not have the detail yet. A comprehensive engagement plan is being developed and the next public engagement event is planned for 4 July.

PQ 6. Madeleine Dickens

“Given Councillor Yates February statement refusing to cooperate with the STP Board how have the STP proposals relating to Primary and Social Care been passed into CCG operational plans for 2017-2019 with no public consultation no impact assessments? Given the council’s crucial role in the provision of social care did the HWB or another council committee sign off on this?”

Will the HWB agree to demand urgent answers from the CCG on these matters of crucial public interest citywide; and in particular ask for urgent clarification of the true level of cuts entailed in the main STP and the Place-based plan and their consequences?”

Response:

“Caring Together is the strategy for the future of health and care in the City. It is jointly owned by the CCG and Local Authority and approved by the Health & Wellbeing Board. The Operating Plan describes the actions required to deliver Caring Together. The Operating Plan indicates where our local plans align to the STP but does not commit us to any proposals for primary care which are over and above those set out in Caring Together.

The HWB has this item as a standard item. We are continuing to work with our partners on this and will provide further updates at each meeting.”

Supplementary Question

“There still appears to be a miss-match of the figures relating to the cuts, could a true figure be provided on the level of cuts that are anticipated?”

Response:

Please see the response to PQ5.