



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Big Health and Care Conversation
Date of Meeting:	6 March 2018
Report of:	Brighton & Hove CCG Executive Director, Health & Adult Social Care
Contact:	Jane Lodge, Head of Engagement, Central Sussex Commissioning Alliance
Email:	jane.lodge1@nhs.net
Wards Affected:	All
FOR GENERAL RELEASE	
Executive Summary	
<p>The “Big Health and Care Conversation” was a joint CCG and Adult Social Care engagement exercise, held from July to December 2017. The “Big Conversation” focussed largely on local plans, but there were also opportunities to discuss health and care issues across the wider STP footprint, and the development of the STP itself.</p> <p>During the period of the Big Conversation, over 2,700 conversations were held about health and care issues that are important to the residents of the city. This report summarises the feedback provided, actions that have been taken or will be taken, and where issues cannot be addressed.</p>	
Glossary of Terms	
<p>CCG: NHS Brighton and Hove Clinical Commissioning Group STP: Sustainability and Transformation Partnership (relating to the Sussex and East Surrey STP) CVS – Community and Voluntary Sector</p>	

1. Decisions, recommendations and any options

That the Health and Wellbeing Board:

- 1.1 Notes the feedback and associated actions outlined in the report
- 1.2 Endorse the proposed approach for the Council and the CCG to refer to and reflect the findings in this report when they plan, commission and re tender services

2. Relevant information

- 2.1 The CCG and Local Authority have legal duties to engage with service users, carers and local residents in the planning and commissioning of services.
- 2.2 There are also related duties under the Equality Act 2010 (Public Sector Equality Duty), which require engagement with protected characteristic groups and communities.
- 2.3 The Big Health and Care Conversation was initiated as a concentrated period of engagement with “the public”, specifically aligned with key areas in the Caring Together Programme, and incorporating opportunities for discussion on the development of the STP.
- 2.4 The Big Conversation included targeted engagement with key equalities groups and communities in the city, in addition to wider conversations with service users, carers and the public.
- 2.5 Over the period of the Big Conversation, over 2,700 conversations took place with over 2,300 people; it should be noted that many of the conversations took place with people who represented wider groups, therefore the reach was wider in reality than these figures suggest.
- 2.6 Engagement was largely carried out by CCG and Adult Social Care staff; however, local Community Researchers reached 83 people from BAME communities and young people. In addition, a discrete workshop and survey on “The Future of the NHS” was led by the CVS group Right Here, where the views of over 200 young people were gathered.
- 2.7 The feedback from these conversations was collated by themed “Talking Points” and commissioners were asked to respond to indicate:
 - “We have” – where work is already progressing
 - “We will” - where work will be carried out
 - “We cannot” – where it is not feasible to progress (for example, where the issue related to a national level lead)All feedback is aligned with Caring Together Care Programmes, and will be incorporated into plans as appropriate.

- 2.8 A further analysis of progress will be carried out in September 2018 to review progress against the “we have” and “we will” areas, which will be reported on.

3. Important considerations and implications

Legal:

- 3.1 There are no legal implications arising from the recommendations in the report.

Lawyer consulted: Elizabeth Culbert Date:08.02.17

Finance:

- 3.2 There are no financial implications as a direct result of the recommendations of this report. However future commissioning decisions will have an impact on Council funding and may expose the council to financial risks.

Finance Officer consulted: David Ellis Date:12.02.2018

Equalities:

- 3.3 The intention to engage with and reflect the views of a wide range of residents has been built into the ‘Conversation’ process from the start. The use and analysis of data and engagement will help ensure that funding is spent on healthcare that best meets the needs of the local population. Community researchers were recruited and trained specifically to increase opportunities for people from specific groups to engage. Barriers and concerns for people who share a protected characteristic are identified throughout this report and actions responding to them have been noted. These include targeted provision, accessible information, work with focused CVS groups and diversifying the workforce. If either the CCG or Council were going to make any significant / substantive changes the relevant party would have to decide if this required formal consultation. The Big Health & Care Conversation is not formal consultation in but engagement.

Equalities Officer consulted: Sarah Tighe-Ford Date: 7.02.2018

Health, social care, children’s services and public health:

- 3.4 The Big Health and Care Conversation sought feedback on areas related to health and care.

Supporting documents and information

Appendix 1: Big Health and Care Conversation Final Report



