



PUBLIC INVOLVEMENT

(A) PETITIONS – Kim Walker

The following petition has been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

(i) Please Help Protect Our Breastfeeding Support

“My breastfeeding support worker is having her role removed by the NHS. Without her so many mums in the area will not receive the support needed and may fail to breastfeed their babies. Please sign this petition in the hopes that we can save Donna's breastfeeding support role.”

Lead petitioner: Kim Walker

Signed by 546 people

(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

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.

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?”

Notes.

- 1 Our city has had a BCF allocation of about £20mpa since April 2015 to treat vulnerable people, personified as Rachel (65, depressed and in sheltered accommodation) and Dave (40, alcoholic and homeless)
- 2 he Council adopted the above policy In 2015, implying that they would instruct the NHS to treat the city’s homeless effectively.
- 3 Most rough sleepers suffer from mental disorders and addiction, for which the BCF was intended to pay to provide effective treatment under the NHS.
- 4 I would like to see the treatment protocol for Rachel and Dave, who is commissioned to provide it, former outcomes, and future plans.

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.

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?”

There is a research-informed approach based on substantial evidence which has been designed with service users and piloted at the University of Hertfordshire. This service promotes self-care for this patient population with strikingly positive outcomes for patients, substantial increased GP capacity as well as huge savings in the NHS.

Would the HWB like to learn about this intervention? Presentations, the training of GPs and telephone consultation is available from: H.L.Payne@herts.ac.uk or info@pathways2wellbeing.com

(www.pathways2wellbeing.com is a university enterprise delivering courses for people affected by MUS in primary care. I Sandy Gee, the questioner, am an accredited and affiliated practitioner of this approach. Any questions can also be directed to me at wildbalance@gmail.com)

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

PQ 4. Ken Kirk

“Your honest opinions of the effects of a) poorer quality services after STP is imposed b) rationing of NHS services c) it being run for profit... would be appreciated.”

STP leaders lay great emphasis on the integration of healthcare with social care. No-one would argue with this, it's a sensible policy. But there are other STP issues that they are reluctant to acknowledge. Above all, we know that STP is a cost cutting exercise; we will bear our part in the £22 billion reduction in NHS funding, in addition to paying off £864 million deficit.

1. Reduced funding means –
 - a. Deskillling – e.g. Patients will be seen by less-qualified staff; a doctor will be two or three appointments down the line.
 - b. Fewer beds – we already have fewer hospital beds than most of Europe, now more reductions are proposed
 - c. Rationing – reductions in the numbers of operations.
 - d. Range of NHS services reduced – e.g. restrictions of hospital procedures to only those that are life-saving.
2. Privatisation. It's obvious from Hunt's and Stevens' statements that MCPs and ACOs will be run by private profit-making firms.

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.

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 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 assessment 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 our 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.

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 and 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.

(C) DEPUTATIONS FROM MEMBERS OF THE PUBLIC

The following deputation has been received for the Health & Wellbeing Board meeting to be held on the 13th June, 2017:

Judith Aston (Spokesperson):

Written Summary for Deputation of Brighton & Hove City Council Health and Wellbeing Board, Tuesday, 13 June 2017.

‘Is General Practice sustainable within the context of the Surrey and Sussex Sustainability and Transformation Plan (STP)? The GPs' view’?

General Practice is in trouble. The workload is increasing, service demand is rising. GP numbers are falling, practices are closing and recruitment of partners and locums is becoming very difficult.

STPs plan to transfer more work from secondary care to GP and to reduce referrals and admissions.

At the same time a reorganisation is planned to more closely integrate social and health care. That last aim is admirable but it will require staff and time and money when STPs insist on repayments and savings.

It is difficult to see how General Practice can be sustained.

Indeed the chair of the RCGP has said that a number of STPs should be rejected for failing to address this sustainability.

We wondered what Brighton and Hove GPs thought about this footprint’s STP and its effects.

We therefore sent out a survey for GPs to complete anonymously.

56 of 116 sent responded

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?			
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).			
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%



Q3 How do you think STPs will affect patient safety?			
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%
Q4 How do you imagine the STP will affect the service you will be able to offer patients?			
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse-50.91%	Don't know-36.36%
Q5 What effect will the STP have on GPs ability to have their list?			
It will be improved- 0.0%	It will be unchanged-5.45%	It will be worse-43.64%	Don't know-50.91%
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?			
It will be improved- 7.14%	It will be unchanged- 10.71%	It will be worse-42.86%	Don't know-39.29%
Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?			
It will be improved 12.50%	It will be unchanged 21.43%	It will be worse 33.93%	Don't know 32.14%

Signed by:

Jane Roderic-Evans

Stephen Garside

Felicity Beckett

Chris Tredgold

Elizabeth Williamson

6 June 2017

Attached: Summaries of GP comments to GP Survey Questions 8 and 9, June 2017



Deputation 5 (C) (i) – Supporting information:

Brighton and Hove GP Survey, June 2017 – Summary of answers to Q8.

Q 8. “If you were not guided or restricted by CCG advice based on NHS England’s priorities, what would be your suggestions for 3 actions which would help you continue providing adequate care in your practice?”

There were 140 suggestions.

19 ask for increased resources/adequate funding - for general practice and the NHS

19 ask for more recruitment of GPs - several for roving GPs to do home visits

14 ask for more recruitment of other health workers - pharmacists and nurses

14 ask for improvement in community social care services - with adequate funding and better collaborative working

14 ask for the maintenance of the partnership model by:

- resisting its break-up;
- making partnership more attractive financially (than locum payments)
- staying small and efficient – “that is what patients want”
- underwriting practice lease agreements
- keeping personal lists to maintain continuity

14 ask for less bureaucracy

- fewer meetings: fewer targets
- less micromanagement
- reduce/remove CQC; scrap QOF
- stop imposition of involvement in Extended Access.

10 ask for a better service from the hospital

- better communication; less dumping of problems
- more beds; shorter waits for appointments.

10 ask for better working

- longer appointments
- allow primary care to cap its activity with no financial penalty “there is a limit”; allow restrictions to list size.
- drop 7 day working – “concentrate on adequate resource for current opening hours”

7 ask for patients to be better educated/more self-reliant

3 ask for a change in the model of managing medical litigation

Then individual suggestions:

- Scrap EPIC; More EPIC shifts
- Raise public awareness – need for National debate about health care
- Tools to address psychosocial factors in patients’ presentations
- Debate role of GP – “can’t do everything”
- Stop fragmenting NHS and bringing in private providers
- Get rid of Conservative government
- Less moaning by a huge number of GPs (over 50) about how bad it is. It really puts off younger GPs. We run an excellent, growing business with increased profit each year ...that can be invested to improve efficiency.
- Sort out PCSE – practice managers leaving/going off with stress
- Fund Public Health
- Listen to GP



Brighton and Hove GP Survey, June 2017 – Summary of answers to Q9

Q 9 Any other comments?

There were 25.

4 are planning to retire as soon as they financially can do so

3 feel very under informed and consulted about STPs

2 feel the broad aims of the STP seem reasonable but that the projected efficiency savings completely unrealistic

2 feel that the NHS is being fragmented and privatized – there is a need to ‘be more public with our views to patients’

Individual comments:

- Our problem is not with CCG/NHS England, it with Jeremy Hunt and the Treasury
- I would like District Nurses back in surgeries
- In our local area, millions of pounds have been wasted on the ‘marketisation of the NHS’ with private companies running services (poorly).
- Other HCPs struggle to manage the risk we carry and simply delegate cases back to the reduced number of GPs
- Stop negative talk. Why would a dynamic 30yr old come into General practice, when the whole BMA/RCGPetc keep moaning about how bad it is?
- Not a sufficient differential between what a Partner earns compared to a salaried doctor. If such a differential doesn’t exist we will soon be a salaried service as when the current partners retire the businesses will close and there won’t be a job for those new doctors unless a corporation takes over
- We need to accept our working practices need to change
- Stop trying to push us into meaningless clusters or random groups of practices
- Let’s hope this survey helps prevent the destruction of family general practice.
- Stop micromanaging the profession and trusting its integrity more.
- All political parties appear to share the same ignorance.

- Medical indemnity costs are rising – pressure should be put on the three companies to reduce their fees.
- Primary Care is underrepresented in the development of the STP but that isn't the major issue. Primary care is in trouble now with under funding and over regulation - the development of the STP is a continuum of the problem.
All the questions insinuated in the survey as attributable to STPs have been happening for years – redirection of unfunded work from secondary care, need for different workforce in practices, loss of patient list. The STP formation is not going to stop – though it may change its name. We must fight the process and the political and media priorities over those of our patients.

CT/June 2017

Response

⇒ We are fully aware of the challenges currently being faced in General Practice. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with other clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale.

Our GPs recognise the need for change and they can identify the benefits of working in this way. We have been engaging with them to help us shape a new model of care that works best for them and local people and work is currently being done to develop how this will look like. Our GPs are already working within groups, or 'clusters', caring for between 30,000-50,000 people and we already have some services that work across these clusters, such as pharmacists

Q1 How well informed do you feel about the implications of the Sustainability and Transformation Plans?				Comments from CCG
Not at all 51.79%	Somewhat 35.71%	Considerably 8.93%	A great deal 3.57%	We recognise that we have not done enough to fully engage GPs in the STP and we are taking steps to address this. Our next city-wide meeting of our members will be dedicated to Caring Together and the wider STP and we will continue to inform, engage and involve them in the implications of the STP going forward.
Q 2 How aware are you of the assumptions driving the financial model of the STP for your footprint? One example: GPs are being asked to reduce outpatient referral in order to save an estimated £47.4 million per year (taken from the Sussex and East Surry STP).				The current financial challenge within the NHS nationally and locally is well known and it is clear that doing nothing is not an option. We have to ensure we are getting value for every penny we spend, we have processes and systems in place that are efficient and effective and that patients are getting the best possible services for the money that is available. We know that we have systems and processes in place currently that are not as efficient as they could be and this is something we have to look at improving locally and across the STP footprint.
Not at all 51.14%	Somewhat 32.14%	Considerably 5.36%	A great deal 5.36%	
Q3 How do you think STPs will affect patient safety?				As a clinically-led organisation, we always put patient safety at the heart of everything we do. This includes all the work we are doing as part of Caring Together and the wider STP. Caring Together as a programme focuses on six different areas that we want to improve and these are led by a clinical lead who will
Adversely 55.36%	Not affect at all 1.79%	Improve 3.57%	Don't know 39.29%	

				ensure that anything we do to transform and shape services is done with quality and patient safety at the forefront.
Q4 How do you imagine the STP will affect the service you will be able to offer patients?				One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.
It will be improved 7.27%	It will be unchanged-5.45%	It will be worse- 50.91%	Don't know- 36.36%	
Q5 What effect will the STP have on GPs ability to have their list?				Continuity of care is very important and at the core of Caring Together
It will be improved- 0.0%	It will be unchanged-5.45%	It will be worse- 43.64%	Don't know- 50.91%	
Q6 How do you think the STP will affect the recruitment of GPs in the next 2-3 years?				We are aware of the challenges we have around recruitment. One of the key areas of Caring Together is to find ways to address these to help ensure we have general practice across the city that is sustainable, more resilient and works efficiently and effectively for the years ahead. This will include integrating services, with clinical specialists like pharmacists better supporting GPs, and to have a model of care that sees GPs
It will be improved- 7.14%	It will be unchanged-10.71%	It will be worse- 42.86%	Don't know- 39.29%	



				<p>working more collaboratively and at a larger scale. The aim of working in this way is to help GPs better manage their workload, make it easier to recruit new staff, and share resources and expertise. The culmination of these will ultimately improve the service GPs will be able to provide to patients.</p>
<p>Q7 There are plans to replace GP numbers with Physician Associates? What impact do you think this will have on your workload?</p>				<p>Given the challenges, the CCG has to look closely at all options, although it should be stressed that this is not part of our plans at the moment.</p>