

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE - INFORMAL MEETING

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 June 2017 from 10.15 am - 11.25 am

Membership

Present

Councillor Ilyas Aziz
Councillor Merlita Bryan
Councillor Patience Uloma Ifediora
Councillor Carole-Ann Jones
Councillor Ginny Klein
Councillor Dave Liversidge
Councillor Anne Peach

Absent

Councillor Jim Armstrong
Councillor Corall Jenkins
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Lewis Etoria	- Head of Engagement, Nottingham City Clinical Commissioning
Jane Laughton	- STP Team
David Pearson	- STP Lead Officer and Deputy Chief Executive, Nottinghamshire County Council
Jane Garrard	- Senior Governance Officer

3 SUSTAINABILITY AND TRANSFORMATION PLAN - ENGAGEMENT OUTCOMES

David Pearson, STP Lead Officer and Nottinghamshire County Council Deputy Chief Executive, gave a presentation about the outcomes of consultation and engagement activity carried out in relation to the Nottinghamshire Sustainability and Transformation Plan (STP). He highlighted the following information:

- (a) The first draft of the STP was produced in June 2016 and a further iteration was published in October 2016.
- (b) Feedback had been invited on the Plan. In addition to the opportunity to provide written feedback, 4 public events were held with an additional event specifically for the voluntary and community sector. The format of these events varied depending upon local circumstance but they all allowed for detailed discussion.
- (c) 395 people attend an event and there were 69 written responses.
- (d) In general, responses indicated general endorsement for the overall direction of the Plan.

- (e) Responses identified some concerns about the Plan including gaps around mental health; GP workload pressures; the need for citizens to take responsibility for their own health; financial pressures on health and social care services; availability of workforce to deliver the Plan; and public access to technology.
- (f) The public expressed a desire to be kept informed about the Plan, particularly in terms of how it would be delivered.
- (g) New NHS guidance had reiterated the importance of having sufficient community services in place before any beds could be closed.
- (h) It had been acknowledged that a change in culture was required in order to deliver the Plan.
- (i) It was expected that Greater Nottingham would be one of the first areas in the country to develop an Accountable Care System (ACS). Discussions were taking place about what this would mean.

In response to questions, David Pearson, Jane Laughton and Lewis Etoria provided the following additional information:

- (j) There was an enabling workstream about workforce issues. Initial modelling suggested that different types of workers may be needed, for example more holistic workers. There would need to be more detailed workforce modelling to develop a clear understanding of what was needed and to inform recruitment and training programmes.
- (k) Nationally and locally it had been a challenge to recruit suitably qualified professionals. There had been a fall in the number of nurses coming from European Union (EU) countries since the referendum on EU membership.
- (l) The Plan involved approximately 15 large organisations who were used to working primarily for themselves but would need to work together in partnership in order to deliver the Plan. Delivery of the Plan would involve giving up some sovereignty, which would be hard.
- (m) While it was acknowledged that gaps had been identified which would be strengthened e.g. mental health, it was important to recognise that the STP could not solve every problem. Other strategies and plans, for example the Health and Wellbeing Strategy, existed alongside the STP and it was important that the STP didn't duplicate what others were doing.
- (n) Nationally it was expected that there would need to be a 25% increase in social care provision by 2025 requiring an increase in workforce of approximately 5000 people. Consideration was also being given to other ways of meeting demand, for example expanding use of assistive technologies.
- (o) There needed to be a national policy debate about how to fill funding gaps in adult social care, who pays for it, how it is paid for and what sort of system reform was required to make it easier for citizens to have an integrated service.

- (p) The STP was subject to on-going review. Over the next 12 months conversations about the Plan would continue and there would be more opportunities for 'question and answer' sessions with a particular focus on how proposals would be delivered. There would also be engagement on specific changes as necessary.
- (q) There was a consensus amongst leading GPs in the Greater Nottingham area in support of the Plan. At a recent meeting of the Local Medical Committee there had been no disagreement with the principles of the Plan but they were under pressure and needed support.
- (r) There had been good engagement from the voluntary and community sector particularly on the prevention agenda. The advisory group to the STP included representation from the sector.
- (s) The focus was on investing in evidence-based programmes and those that had the biggest impact. Budget pressures meant that it was not possible to invest in everything that they would like to. Organisations had to deliver a balanced budget whilst moving to the new ways of working.
- (t) The STP had a governance structure, which had been presented to a previous meeting of the Joint Health Scrutiny Committee. There were two transformation boards covering different areas within the STP footprint. Each of the workstreams e.g. workforce, prevention were being led by different people – some were operating locally and some were countywide. They reported to the STP Leadership Board. Processes were in place but there are still challenges and tensions in decision making.
- (u) If organisations signed up to the Memorandum of Understanding it would be expected that progress on development of an Accountable Care System would be made by the end of the financial year. This was a rapid timescale.

David Pearson agreed to provide a further update on the Sustainability and Transformation Plan and developments towards an Accountable Care System in four months time.