

Sustainability and Transformation Plan (STP) Subcommittee
(Health and Adult Social Care Overview and Scrutiny Committee)

Position Statement on the Outline Business Case and Engagement Process

15 March 2017

Members of the STP Subcommittee

Councillor Rotchell (Chairman)

Councillor Mitchell

Councillor Atherton

Councillor Nicholas

Councillor Eathorne – Gibbons

Councillor Parsons

Councillor McHugh

We believe that the strategic intent of the Sustainability and Transformation plan is a positive. Very few would criticise the proposed investment in improving health and wellbeing and there is a commitment to the merger of health and social care in the Devolution Deal for Cornwall.

There are aspects of the Outline Business Case (OBC) and the engagement process we wish to comment upon and these are headed individually. It is expected that these concerns will be addressed in the Full Business Case (FBC).

Finance

We have serious reservations about the accuracy, achievability and viability of the financial plans and these have to be addressed. There was inadequate evidence in the OBC to support the saving figures presented. There appears to be a lack of attention given to capital costs, the cost of transformation and the future proceeds of any property rationalisation.

Engagement with the Public

In our view the process of engagement with the public was inadequate and seriously flawed. There was inconsistency of information provided dependent on the facilitator and this has to be rectified. The questionnaire contained closed questions, was ill conceived and was unprofessional. Members of the public were left feeling alienated, angry and frustrated.

We are disappointed that the report from the engagement events was not available when we were considering this issue.

Engagement with Workforce and Key Stakeholders

We are extremely concerned with the lack of consultation, awareness and engagement with key stakeholders such as GPs and community pharmacists. There appears to have been an absence of any meaningful involvement or engagement with staff across all levels of organisations. It is apparent that there has been limited engagement with the voluntary sector and care providers.

Devon

We want to be assured that there is meaningful consultation with all providers of health services to residents of Cornwall and the Isles of Scilly, and this should include services located in Devon. The impacts of any changes Devon undertake as part of their STP and/or Success Regime should be considered and risk assessed by those responsible for the STP in Cornwall and the Isles of Scilly. This matter should not be retrospective or reactive.

Mental Health

The parity of esteem is not evidenced within the OBC and this needs to be addressed as a matter of urgency.

Others not Visible in the OBC

It is recognised that the 'One Vision' plan for services to children is being developed, but more information regarding this must feature in the FBC. We do not believe that those aged under 25 are visible in the document, and there is little evidence of those who have co-morbidities, who are not frail elderly.

Kernow Clinical Commissioning Group

The Interim Chief Officer at Kernow Clinical Commissioning Group acknowledged that they have severe financial challenges, and are still in discussion with NHS England. The increasing debt level within Kernow Clinical Commissioning Group is worrying and the impact on the whole system needs to be addressed.

Closure of Beds

Any proposals within the FBC to reduce the number of beds across the system must clearly demonstrate that they will meet the criteria for bed closures as set out by Simon Stevens. Whilst the test applies to 'significant' bed numbers this does not appear to have been nationally quantified as yet. We believe that reduction in bed numbers across the landscape resulting from the STP process would on the basis of aggregation meet this requirement. We wish particularly that it is unmistakably demonstrated that sufficient alternative

provision will be in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it.

Governance and Democratic Accountability

We believe that there is a weakness and a lack of clarity in the governance of the STP. The OBC does not adequately address these aspects. The FBC needs to be clear and will need to evidence how the STP programme is governed and how it will be democratically accountable.

Middle Management

We need to be assured in the FBC that there is full engagement with middle managers and they reflect the needs of the final plan. This cannot be ignored as it will increase insularity.

Accountable Care System/Organisation

There is a lack of clarity with regards to the mandate to create, and the future development of, an Accountable Care System/Organisation. We acknowledge that the current structure split by purchaser and provider is not suitable however; we are concerned about the lack of detail about how the Accountable Care System/Organisation model would be applied to the NHS and Social Care provision for Cornwall and the Isles of Scilly. The FBC needs to evidence how this model would work and what differences it would make, including for those who do not use Royal Cornwall Hospitals Trust as their main provider. If there are legal or national organisational barriers to the progression of the discussions regarding an Accountable Care System/Organisation, these should be progressed through the Devolution Deal negotiations.

Strategic Workforce Planning

We are anxious at the apparent dichotomy of workforce planning and the strategic direction being set in the OBC. The forecast reduction in the workforce across the system, especially within primary care, does not seem to be considered as responsibilities and service provision alters. There must be a comprehensive and long term strategic workforce plan within the FBC.

Definition of System Models

In evidence we received, there was obvious concern about replacement service models to those that currently exist. The FBC must contain details about the services and facilities that will be offered to localities across Cornwall and the Isles of Scilly. This detail should include clear specifications for urgent care centres and locality hubs in order for patients to fully understand the options they are being given.

Comprehensive Impact Assessment (CIA)

We are concerned that a CIA was not progressed with the development of the OBC. This should be completed and made publically available with the FBC.

The Use of External Consultants

We are worried about the use of external consultants and have concerns that funding has been taken from local NHS and Social Care budgets in order to pay for this work. We suggest that if such work is required in the future, instead of taking money from the system and spending it externally, the allocated monies should instead be invested locally to release experts within organisations to take forward the work.

Timeframe

The currently proposed timescale for the publication of the FBC is unachievable if it is to be the document required to effectively take forward the programme. We need clarity on when the FBC will be available, and information on any risks or impacts that a delay in its creation will bring. We will need assurance that the timeframes being given are realistic and whether there are alternative plans in the case of any significant risks.

Conclusion

Therefore, as a result of our considerations, concerns and research and the compelling information provided to us, we conclude that the OBC was not fit for purpose as a public document although it met NHS England requirements. The engagement process was poor and ill judged.

The FBC must answer our concerns and have solid, clear, evidence for any proposals.

The role of scrutiny is as a critical friend, and we request that as the FBC is drafted, interim reports are brought at relevant intervals. These reports should include financial information.