

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
9 JULY 2019	PUBLIC REPORT

Report of:	Jessica Bawden, Director of External Affairs and Policy, Cambridgeshire & Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jessica Bawden, Director of External Affairs and Policy	Tel: 01733 847332

COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN 'THE BIG CONVERSATION' – USING OUR NHS RESOURCES WISELY

R E C O M M E N D A T I O N S

It is recommended that Peterborough Health Scrutiny Committee discuss the content of this report and endorse the process for this consultation.

1. ORIGIN OF REPORT

1.1 Jessica Bawden, Director of External Affairs and Policy for Cambridgeshire and Peterborough Clinical Commissioning group (CAPCCG) alerted members of the committee to the intention of CAPCCG to consult with the public and key stakeholders on the NHS financial situation for this area. This report is to inform the full committee of the intended content, scope and processes for that consultation and to seek approval from the committee for the process by which it intends to consult and engage with the public.

2. PURPOSE AND REASON FOR REPORT

2.1 For approval of the consultation process, and to give the committee the opportunity to comment on the proposed consultation.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions; paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The CCG is facing an unprecedented financial challenge in 2019/20. To meet this challenge, we need to garner support from our key stakeholders, providers and importantly the wider public. This requires a new approach, a Big Conversation about how we use our valuable NHS resources and how we take more responsibility for our own health. The CCG has specific duties in relation to consultation and engagement, but with the support of Healthwatch and our Scrutiny Committees, we will agree a process that is open, transparent and proportionate.

3.2 Our objectives for this approach

- This programme of work is a catalyst for how we communicate with our public about how NHS resources are used wisely;
- To start an open conversation about commissioning priorities alongside individual responsibilities in relation to self-care and lifestyle, supported by evidence;

- To ensure that we meet our statutory duties in relation to decommissioning of services, in a proportionate and pragmatic way;
- To seek the support and understanding of key stakeholders in relation to this work and our ongoing lobbying and partnership work to bring the system into financial sustainability for the long term.

3.3 The CCG has a savings plan of £32.7 million in 2019/20. Many of these are around contractual transactions, but many propose a change in how a service is delivered or the level of service or medication that is available.

3.4 Working alongside the CCG's Programme Management Office (PMO) and the proposed QIPP (Quality, Innovation, Productivity and Prevention) schemes, engagement plans have been identified into the following main areas:

- **Specific stakeholder engagement** by workstream lead, generally with providers or local authority partners;
- **Primary care engagement** around a number of schemes and potential changes to commissioned services, supported by Governing Body members;
- **Staff engagement** to ensure that staff know what the proposals are, act as champions and also to support the identification and implementation of running cost reduction initiatives;
- **The Big Conversation**, a major communications initiative to engage people in the challenges we face and what we can all do to use NHS resources wisely;
- **Formal public consultation** alongside, this will be required for a small number of proposals such as change in the provision of hearing aids.

3.5 The major piece of work will be our Big Conversation with the public. The majority of our savings proposals are around medicines waste, clinical thresholds, service transformation etc. The key messages from this will be as follows:

- This is our NHS;
- Resources are limited;
- We all have a responsibility to use the NHS wisely;
- The NHS is working hard already to reduce inefficiency, reduce duplication and running costs;
- We all have a responsibility to look after ourselves, when we can, and the NHS will help people to that;
- How the NHS looks after us changing – we can all use more technology to access and services and be treated;
- We need to make choices about where we focus resources to get the best outcomes.

3.6 This is being supported by information and facts around the impact of lifestyle on health and demand on health services. This will be a communications and marketing led exercise supported by engagement with interest groups and established patient groups. Healthwatch is developing a proposal to support this work alongside focus group work around prioritisation and values-based decision making.

3.7 **Timescales**

Throughout May and June 2019, we have worked with Healthwatch and Cambridgeshire and Peterborough Scrutiny Committees as well as our own Patient Reference Group to develop the proposed approach to engagement. We will attend public Scrutiny meetings to present the process at the beginning of July and we will also be sharing the draft document with key stakeholders before we launch. Healthwatch will also be contributing the outputs of their NHS Long-Term Plan engagement and survey responses. We will also be continuing our round of

briefings for Members of Parliament (MPs).

These conversations have been invaluable in helping us build the framework for our document, which will be set out as follows:

1. The problem and context;
2. What we in the NHS are doing to address the problem, such as reducing running costs or duplication of contracts;
3. What work we have already been doing with the public, such the great strides we have made with public attitude to over the counter medicines;
4. How lifestyle behaviours impact on our own health and NHS costs and how we can help ourselves more and where the NHS can help;
5. Other areas we will be looking at in the future such as simplifying routes into Urgent Care Services, or reviewing wait times for certain procedures;
6. Specific Areas where we are proposing to stop or reduce services;
7. Survey to gather views.

We propose to launch the Big Conversation week beginning 22 July 2019, running until the end of September 2019. Timescales will be finally agreed with main Scrutiny Committees.

3.8 Key outputs will be as follows:

- Big Conversation document, infographics, Public Relations materials and survey developed with Healthwatch;
- Impacts of lifestyle facts & figures;
- Suite of materials, including leaflets, presentations, Frequently Asked Questions and social media tools;
- Public Meetings.

4. CONSULTATION

4.1 We have developed the attached draft Consultation Process Plan which is being developed with key stakeholders and will be presented to Scrutiny Committees, alongside our key messages. This is attached at Appendix One.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The Committee is asked to endorse this approach to the communications and engagement and the draft Engagement Process Plan.

6. REASON FOR THE RECOMMENDATION

6.1 The CCG and system financial challenges provides an opportunity for a change in the conversation we have with the public about how we all use the NHS and the need to take more responsibility for our own health. A wider debate, rather than a focus on traditional consultation processes will open up a new level of engagement that we can use going forward as we plan for the next 3-5 years.

This approach will step up our two-way communications with the public it is also vital to support our challenging financial plan for 2019-20.

8. IMPLICATIONS

Financial Implications

8.1 Funding for healthcare across Cambridgeshire and Peterborough is under pressure. We are currently buying more than we can afford, which means we need to make some difficult decisions about the services we can afford to provide in the future.

As a CCG we need to make savings of around £65 million. This is our part of the whole system challenge.

Much of this will be through work with our providers to cut down on duplication, reduce costs of running certain services, and setting clear prices for services, known as tariffs. This will have minimum impact on patients, but around £35 million will need to be found from services that the CCG currently commission.

We are currently overspending £1 million pounds a week and need to review what we commission and focus on core NHS services that bring the most benefits for our patients.

The table below gives some detail on the areas where the CCG is planning to make these savings. Many of these will be discussed as part of the big consultation. This is not a final list as more detail is being added and we will share with the Committee as soon as possible.

2019/20 savings programme	£'000	Notes
NHS Continuing Healthcare case reviews and contract management	5,136	
Review of contracts and services	4,087	
Prescribing Over the counter medicines, medicines waste, switches to lower cost medicines	3,050	EG over the counter medicine £400k, Generics £350k, switches to lower cost drugs £1.8m
Learning Disability Delayed Transfers of Care Management	680	
S117 (complex case management) Case review	1,000	
Wheelchair Procurement	1,063	Already engaged with service users to develop specification
Contract management	3,759	e.g. negotiating lower uplifts £1.9m, coding audit £0.8m
Further community services review	734	
Ambulance contract	2,500	Arbitration resulted in only £500k achieved in 19/20
Line by Line budget review	3,723	
Running costs	1,043	Additional £2.5m to be found in 20/21
Review of acute capacity	3,000	
Primary Care	1,500	
Efficient management of discharge pathways	1,425	
Total	32,700	

The areas that we expect to be including in the Big Conversation are:

- Audiology pathways including a review of hearing aid provision for mild to moderate hearing loss
- Over the counter medicines
- Medicines waste
- Local enhanced services by GP practices
- Changes to the End of Life Pathway

- Simplifying access to Urgent Care Services
- Reviewing the waiting time for some procedures
- Vasectomy services
- Lifestyle changes
- Endoscopy services

The contents of the document are being finalised and we would like to share the draft document with the Committee and/or the Chair for feedback before we commence the process.

Legal Implications

- 8.2 The CCG has a statutory duty to consult and engage with the public and key stakeholders:
Section 14Z2 Health and Social Care Act 2012
 14Z2 Public involvement and consultation by clinical commissioning groups
<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

Equalities Implications

- 8.3 All relevant workstreams will complete impact assessments before changes are considered and these will be published on the CCG website from the start of the consultation.

9. BACKGROUND DOCUMENTS

- 9.1 <https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2018-19/>
Refreshed Communications & Engagement Strategy July 2018

10. APPENDICES

- 10.1 Appendix One – Draft Consultation Process Plan

This page is intentionally left blank