

**WORKING DOCUMENT,**

## **Consultation Process Plan**

**Big Conversation**

**Spending our NHS Money Wisely**

**Proposed consultation xxx July to xxx September 2019**

**V3**

**26/06/19**

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## Background

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 part of the decision-making process, we want to have a Big Conversation with members of our community, clinicians, providers and stakeholders, to fully understand their needs and priorities. This information will help to inform how we invest our limited funds. Putting patients at the heart of our decision making.

## Why are we consulting now?

The CCG is facing an unprecedented financial pressure in 2019/20. The whole of the NHS system in our area is facing an enormous financial challenge, this includes all of the hospitals and community providers as well as Primary Care. That challenge is a funding gap of almost £200 million.

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

## The Proposal

### The Big Conversation

The Big Conversation is our way of opening up the challenges we face and working together with our community, staff, stakeholders and providers to find the right solutions. We want to put patients at the heart of our decision-making processes. We will do this by launching our Big Conversation that will run from XX July to XX September. During this time, we want to have a Big Conversation with...

1. **With our Community** – about what services they need and value most, at the same time as looking at how they use NHS services, including out of hours care, over the counter medications, and medicines waste
2. **With our Clinicians** – about referrals, prescribing and service constraints and how we help people to look after themselves better
3. **With our Providers** – about how they can become more efficient and embrace innovation whilst still providing good quality healthcare

## Process

### Pre-consultation and engagement

Cambridgeshire and Peterborough CCG will:

- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Prepare a summary of this consultation document for people who are not able, or do not want, to be able to read the full consultation document.
- Translate the summary consultation documents into key community languages when required, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
  - CCG Governing Body
  - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk.
  - The CCG Patient Reference Group (PRG)
  - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk.
- Ensure that the final consultation document reflects feedback from these groups.
- Ensure that we provide materials for different audiences and how much they want to engage, including briefings for stakeholders, leaflets and infographics and messaging for social media.
- Plan public meetings in accessible venues in the CCG area.
- Publicise these meetings within the consultation documents in good time in advance of meetings.

### Consultation and engagement

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, summary document and translations available on request as soon as possible after the start of the consultation.
- Distribute these documents to:
  - GP practices
  - Pharmacies
  - Stakeholder database
  - MPs
  - Councils for Voluntary Services (Peterborough and Cambridgeshire).
  - Local Medical Committee

- Local Pharmaceutical Committee
  - Health Scrutiny Commissions, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire, Norfolk.
  - Health and Wellbeing Boards, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire, Norfolk.
  - District Councils across our regions
  - CCG Patient Reference Group
  - Public Service Board
  - Patient Forum Groups
  - Healthwatch organisations, Peterborough, Cambridgeshire, Northamptonshire, Hertfordshire, Norfolk.
  - Libraries
  - Cambridgeshire Community Services NHS Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - East of England Ambulance Service MNHS Trust
  - North West Anglia NHS Foundation Trust
  - Cambridge University Hospitals NHS Foundation Trust
  - Royal Papworth NHS Foundation Trust
  - Peterborough City Council
  - Cambridgeshire County Council
  - Queen Elizabeth Hospital NHS Trust
  - Unions
  - NHS England/Improvement Area Team
  - Cambridgeshire and Peterborough Combined Authority
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- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
  - Use Facebook and Twitter, and other social media platforms, to raise awareness of the consultation, conversation phased, sent to local stakeholders to support disseminate
  - Ensure that translations are made available on request in key community languages.
  - Ensure that all translations are available on the CCG website when requested.
  - Ensure that all responses received in other languages are translated into English and included in the response reports.
  - Log all calls received with regard to the consultation.
  - Collate all letters and emails received as part of the consultation.
  - Ensure that all public meetings held have full meeting notes, recording comments and questions.
  - Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
  - Collate all meeting notes, briefing notes and minutes.
  - Respond to requests for attendance at meetings to discuss the consultation.

- Attend meetings with the following key stakeholder groups during consultation:
  - Health Scrutiny Commissions in Cambridgeshire, Peterborough
  - Health Scrutiny Committees in Northamptonshire, Hertfordshire and Norfolk on request.
  - Healthwatch organisations in Cambridgeshire and Peterborough. Attend in Northamptonshire, Hertfordshire and Norfolk on request.
  - CCG Patient Reference Group
  - Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request)
  - Relevant patient representative groups

## **Post Consultation**

A report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision.

Press release on the outcome of the consultation, emphasising the changes made following consultation feedback.

Communications to be sent via email/letter to stakeholders/and consultation respondents with link to consultation report and outcomes.

Feedback to staff via email, staff briefings and iConnect.

Feedback to members via, Members news and Members email.

Continued communication as project progresses.

## **Legal requirements**

The consultation documents will be drawn up in accordance with following legal requirements and guidance:

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Four Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2.**

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;

c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
- (ii) Healthwatch, which gathers views of local people on local health services;
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;

- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
  - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
  - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;
- e) in the implementation of the arrangements described above, acting consistently with the following principles:
- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
  - (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
  - (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
  - (iv) using plain language, and sharing information as openly as is reasonably practicable;
  - (v) treating with equality and respect all patients and members of the public who wish to express views;
  - (vi) carefully listening to, considering and having due regard to all such views;
  - (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

### **NHS Accessible Information Standards.**

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.



- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The Accessible Information Standard came into effect in July 2016

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