

HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

WEDNESDAY 19 JULY 2017 AT 10.00AM

Appendix

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SUBJECT: CLINICAL COMMISSIONING GROUPS- LET'S TALK PUBLIC CONSULTATION

Report of Herts Valleys Clinical Commissioning Group (CCG) and East and North Hertfordshire Clinical Commissioning Group (CCG)

Authors:

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1. Purpose of report

1.1 To provide the Committee with a summary of the background to the public consultation that launched earlier in the month by the two Clinical Commissioning Groups (CCGs). It also sums up the proposals contained in that consultation and outlines the consultation programme. It is for information and comment.

2. Summary

2.1 Our CCGs – along with others in the country – face a difficult problem in that there is a growing gap between the income we receive for healthcare and the increasing health needs of local people.

2.2 We need to make the best use of the money available so that we can help as many people as possible to live healthier, longer lives, avoiding preventable illnesses. National and local shortages of NHS staff mean that we need to ensure that doctors', nurses' and other specialists' time is used wisely.

2.3 Both CCGs are focused on making savings wherever possible on those activities that don't impact on patients. But it isn't possible to protect all services and the boards of both CCGs, have formulated some proposals that we are consulting on with the wider public.

3. Background

- 3.1 There is a gap between the money coming in to pay for health and social care and what we need to spend in order to meet the needs of a growing, ageing population with more complex needs.
- 3.2 Across the wider area covered by the STP (Sustainability and Transformation Partnership) - which includes west Essex, the financial shortfall, if we don't take any action, is estimated at £550m over the coming four years. And for Herts Valleys there is a more pressing financial challenge for this year – in the sum of £45m of savings
- 3.3 To tackle these challenges, we have been developing proposals to reduce spending overall. Wherever we can, we are trying to make changes in ways which won't affect services. For example, we are:
 - cutting administration costs;
 - closely analysing all our lines of expenditure by comparing our costs to those that other CCGs incur for similar things;and
 - working with organisations that directly provide services to deliver best value for money.
- 3.4 These measures won't cover the whole deficit and so we need to look at what we spend on some services. Our focus will be on protecting funding for those services which have the biggest impact on the health of our population.
- 3.5 Our proposals have been informed by a survey, carried out earlier this year, to ask residents what they thought our spending priorities should be. This showed that people think it's important to prioritise treatments that deliver lasting health benefits and improve patients' quality of life and to make the best use of local NHS resources.
- 3.6 In line with this feedback and following detailed discussions with our lead GPs, we are considering changing access to some services, reviewing criteria for some treatments and doing what we can to help people to lead healthier lifestyles and take better care of themselves and families so that they rely less on the NHS. Doctors, who make up the majority of people on the CCG board, have been heavily involved in developing the proposals. This will help to ensure that good clinical practice is paramount in our considerations.

- 3.7 We have also sought to work towards reducing variation across the county and this consultation – which we are undertaking together – takes us a step towards achieving that aim.
- 3.8 A wide-ranging consultation programme has been developed for each of the CCGs. *Please note that our events are already underway.* As we promote this consultation more events are being added to the programme. To date activities include:
- five traditional style public meetings in Herts Valleys CCG and six in East & North Herts CCG;
 - five ‘drop-in’ sessions across west Hertfordshire;
 - sessions with a number of youth councils;
 - discussions at ‘stay and play groups’;
 - presentations at council health and well- being partnerships in all districts that take up the offer;
 - a wide range of patient groups including West Hertfordshire Hospitals Trust patient panel, Herts Valleys’ PPI committee and East and North Herts Patient Network Quality meeting as well as locality patient groups.

Full details of the dates, times and venues for the public meeting consultations can be found here: www.healthierfuture.org.uk/nhsletstalk

- 3.9 We are making extensive use of social media to promote the survey and this includes targeting community Facebook groups and groups such as Mumsnet.
<https://www.mumsnet.com/>
We plan to make use of very inexpensive Facebook advertising in the patch too, and have made contact with the County Council’s Citizen Panel, who have agreed to send links to the consultation document and survey to their 2,500 subscribers. We will also be asking our GP practices to promote the survey to their patient populations via their email/text service where possible.
- 3.10 We are looking to receive feedback on proposals from the whole community and at the same time to make sure that groups they are likely to be particularly affected are alerted to this consultation and given helpful and easy opportunities to give us their views.
- 3.11 We are already, wherever possible, accepting new requests to attend groups to outline proposals and receive feedback and will continue to do so throughout the consultation period.
- 3.12 We are working closely with our stakeholders and partner organisations and utilising their public facing events, for example East and North Herts Trust’s Annual General Meeting to raise awareness of the consultation both to the public attending, but also staff within our service providers.

- 3.13 Our own patient groups are promoting the consultation widely among their own networks as will all our local partner organisations, such as the hospital and community trusts.
- 3.14 We have invited people to request the consultation in other formats and languages.
- 3.15 We have received advice from consultation industry experts on our engagement plans and are confident they are robust. Part of this advice was to conduct a mid-consultation review so that we can address any gaps in areas or groups where we are not having the appropriate impact.
- 3.16 Our consultation covers the following proposals:
- Tightening up existing rules so that people who smoke or whose weight is classified as 'obese' are required to make bigger improvements to their health before non-urgent surgery – unless a longer wait for surgery would be harmful
 - Limiting the routine prescription of food supplements, medicines and products that can be bought without prescription for short-term conditions and minor ailments
 - Restricting the prescribing of gluten-free foods
 - Stopping the routine funding for female sterilisation procedures
 - Stopping the routine funding of vasectomies (*this proposal would **only** affect patients registered with a GP in the Herts Valleys CCG area*)
 - Stopping the availability of NHS - funded IVF (in vitro fertilisation) and specialist fertility services, unless in exceptional circumstances.
- 3.17 We are committed to getting as much feedback as we can through this consultation. We are holding public events and drop-in sessions, attending community meetings and running an extensive social media campaign. The primary way we are asking people to record and submit their views is by completing an on-line survey. This is available by going to: www.healthierfuture.org.uk/nhsletstalk
- 3.18 In terms of our timetable, the consultation is open until 11 September. Following that, an independent company will analyse results and produce reports for the boards of both CCGs to consider. We are expecting the boards to come together to make decisions on the proposals at the start of October.

4. Recommendation

- 4.1 The Health Scrutiny Committee is asked to note the contents of this

report and offer any comments.

5. Financial Implications

- 5.1 The proposals that are currently out for public consultation would, if enacted, deliver savings for local NHS commissioning groups. In the meantime, both CCGs continue to pursue and deliver a range of other savings, as per our own individual financial plans. Savings are identified in the 'let's talk' consultation document accessed via the link www.healthierfuture.org.uk/nhsletstalk

Background Information

'Let's talk' public consultation. www.healthierfuture.org.uk/nhsletstalk