NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Mansfield and Ashfield
Clinical Commissioning Group

Report for the

Overview and Scrutiny Committee

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1. Introduction

The local NHS has been very successful in treating more conditions and in helping people to live longer. Additional funding has been made available to the NHS, but new treatments, growing levels of long-term conditions and increasing expectations mean that CCGs now have to re-prioritise how NHS resources are deployed. As the health needs of local populations change, CCGs need to review how best to allocate resources available, so that maximum health benefits can be achieved overall.

As commissioners, NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) and Newark and Sherwood CCG, plan and buy health care services for the local population. CCGs have a legal duty to live within their means and need to save around £39 million this financial year (17/18) and a further £24milliion next year in order to be able to meet increased population requirements for health care as people live longer with more illnesses and new treatments come on line. This is likely to increase over the next few years. CCGs need to ensure that there is enough money to maintain high quality and safe services. The overall annual budget for the CCGs is £470m.

The Mid Nottinghamshire CCGs are engaged in a period of rapid and significant change, to create a future health and social care system that is sustainable and provides the best population health outcomes within available resources. Whilst designing and delivering change is part of the ongoing business of an evolving health care system (facilitated through ongoing public dialogue) the pace and scale of change required nationally and locally is un-precedented.

The system financial position, described in the Nottinghamshire Sustainability and Transformation Partnership (STP), means that the CCGs will have to make difficult decisions about the future of some services; including changes to access thresholds and the re-commissioning of some services where alternative provision exists at lower cost and delivering similar or better outcomes. Some services may be de-commissioned, subject to detailed impact assessments and a period of engagement. Communications and engagement will be managed on an individual proposal basis, with a consistent approach applied each time.

2. In vitro fertilisation (IVF) Consultation

The CCGs consulted on IVF provision in November 2016. This was an 8 week consultation.

The decision taken on 16 February 2017 at the Joint Meeting of the CCGs' Governing Bodies was to continue the provision of IVF treatment but to limit the criteria for eligibility to women aged 25 to 34, based on clinical evidence. This age range represents the best possible chance of a successful pregnancy with IVF. The CCGs also proposed to introduce an upper age limit of 40 for men.

This was a very difficult decision but balanced the needs of people who need fertility treatment with other calls on NHS funding. The clinical and cost-effectiveness of IVF falls rapidly as age increases and female fertility declines.

However, the Overview and Scrutiny Committee requested the CCG to undertake further consultation on the age groups chosen.

After taking advice from the Consultation Institute (established in 2003, a well-established not-for-profit best practice Institute, promoting high-quality public and stakeholder

consultation in the public, private and voluntary sectors) a decision has been made to undertake a new consultation on the provision of IVF. Options will be developed and a full public consultation will take place.

The consultation will run for 8 weeks and will aim to start in August 2017.

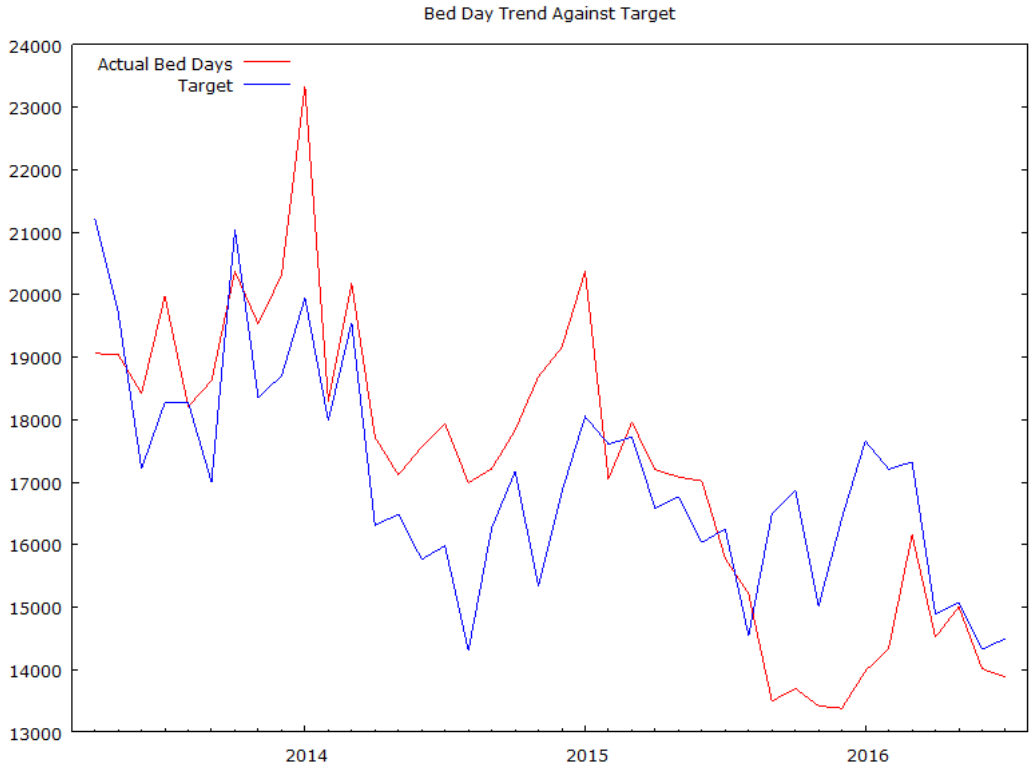
3. Financial Pressures

There are wider financial pressures facing the CCGs over the next couple of years.

The Better Together programme (transformation programme) has introduced a different way of working which includes, a team of staff being available for GP practices to ensure that patients who are most vulnerable of falling ill and being admitted to hospital, are identified earlier in their illness and any physical or social needs are addressed to prevent hospital admission, allowing people to stay at home (Local Integrated Care Teams). There has also been an introduction of a community urgent care service which allows GPs, paramedics and other professionals to get support into patient's homes within 2 hours, again preventing admission to hospital (call for care). The team are also working on developing a service for people who may require more specialist support in their own homes (Specialist Intermediate Care).

As the above changes have begun to take effect the local district hospital has been able to use less beds for people as they are receiving excellent care in their own homes. The next stage for the NHS and social care is to review the services in community type hospitals and the community.

The graph below shows the number of days patients spent in a bed in Sherwood Forest Hospitals NHS Foundation Trust which includes (King's Mill Hospital, Newark Hospital and Mansfield Community Hospital). The red line shows the actual days and the blue line shows the target. As you can see the trust has achieved the target.



As part of the CCGs offer to deliver savings work has already been undertaken with the public to promote self-care and self-management. A patient activation project has commenced which will identify people who require further knowledge, skills and confidence to self-manage. This will help the population to look after themselves as much as possible to prevent future ill health.

The CCG also use public health data, demographic and epidemiological information, evidence based research and predictive analytics when making decisions about which health and care interventions have the best outcomes on population health. Whilst the individual service user is at the heart of everything that we do when we re-design services, we do have to consider overall population health outcomes when planning to make changes that optimise value for money For example it is well known that people recover quicker in their own homes where appropriate.

The CCG will be talking to the public about a number of areas over the next few months to discover if they can be provided in a different way, for less cost, whilst maintaining high quality. For this purpose we will describe our services under a number of key headings, recognising that individual patients may access more than one of them;

- Urgent and Proactive Care
- Elective (planned) Care
- Women and Children's Care
- Mental Health and Community Care

4. Principles

There are seven key principles that guide the NHS in all it does. These are laid out in the NHS constitution (www.gov.uk/government/publications/the-nhs-constitution-for-england)

These principles will guide the CCGs with future plans especially with any reconfiguration of services.

5. Next Steps

We are very keen to involve our citizens in helping us to plan for new services, whilst also making significant savings on current ones. A process for determining the scale of communications and engagement work required will be established based on the following:

- The **scale** of the change
- The **impact** of the change on patients
- The likely level of **controversy**

Schemes will broadly fall into one of three categories of approach depending on the above factors. These are:

Category A
These are proposals which can be implemented immediately after normal internal processes have been completed in accordance with HR policies and legal requirements.

Category B
Proposals in this category are to be approved in principle, subject to engagement with stakeholders and partners before implementation.

Category C
Proposals in this category will require statutory consultation before implementation. Proposals in this category are particularly susceptible to change as a result of consultation and subsequent refinement.

The CCGs are holding 4 listening events with the public (day and evening of; 6th and 24th July)

6. Recommendations

The Overview and Scrutiny Committee are asked to;

- Note this report, and provide any comments upon the proposed approach
- Agree the best approach and timescales for future scrutiny involvement

Appendix

Principle 1	**The NHS provides a comprehensive service available to all** It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
Principle 2	**Access to NHS services is based on clinical need, not an individual's ability to pay** NHS services are free of charge, except in limited circumstances sanctioned by Parliament
Principle 3	**The NHS aspires to the highest standards of excellence and professionalism** It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
Principle 4	**The NHS aspires to put patients at the heart of everything it does** It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.
Principle 5	**The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population** It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.
Principle 6	**The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources** It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
Principle 7	**The NHS is accountable to the public, communities and patients that it services** The NHS is a national service funded through national taxation, and it is the government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.