

Dr Gary Howsam, Chair  
Jan Thomas, Accountable Officer  
Cambridgeshire and Peterborough CCG  
Lockton House,  
Clarendon Rd,  
Cambridge CB2 8FH

3<sup>rd</sup> July 2019

Dear Gary and Jan,

Cambridgeshire and Peterborough CCG financial crisis

This is an open letter, setting out our concerns and views on public engagement.

***Unfair funding for our local NHS***

Our Healthwatch is acutely aware of the financial situation of the local health and care system in Cambridgeshire and Peterborough. We join you and local MPs to urge the Department of Health and Social Care to recognise the extent of underfunding per head of population, plus the growth in the local populations, to provide fairer funding for our local NHS.

It is regrettable that the poor financial position has escalated. We are very concerned about the impact that this financial crisis will have upon the local population given the size of the £192 million challenge.

In line with our statutory function, on behalf of local people we ask for clarity and transparency in tackling these matters and look to you for good practice in engagement with the public and in your implementation of any changes. Above all we require you to provide local people opportunity to feedback their views and experiences and for that to make a difference. To date the process for considering the financial crisis and information sharing between organisations has been found wanting. We are heartened that this is recognised and the CCG is looking for remedies with its key partners.

***Tracking the impacts of proposed service changes***

The CCG Governing Body have set out plans to reduce the deficit placing the cost of services at centre stage and embarking on a sequence of Community Reviews, the decision now deferred to 16<sup>th</sup> July. Healthwatch will ensure that we track the impact upon patients, particularly those who are most vulnerable, more adversely affected than those more able to navigate their own health and care arrangements during this time of change.

We are concerned about the impact of the first phase of the review on voluntary sector grants and community contracts. The majority of voluntary and community sector organisations listed will see their grant or contract funding cut. Through their on-the-ground expert and volunteer organisation, these organisations directly and indirectly

provide services that keep people out of hospital and assist them to get home quickly and safely. Is the COMPACT for working with the voluntary sector followed through this difficult process? Whose responsibility is it to engage with the public where grant cuts are concerned as opposed to NHS contracts? Public and patients will not see a distinction.

The proposed cessation of JET (joint emergency teams) will bring an end to direct access and referrals to teams of community nursing and paramedic services from multiagency partners, reverting to 111/999 telephone and GP call-outs. Should this decision be approved, we wish to be informed about exit and succession plans and any consultations.

We are relieved that the local decision on IVF services is at the last minute deferred, being nationally recognised as cost-effective NICE-approved services. It's always been our position that the impacts of these cuts are unfair to those who cannot pay. The proposed decision not to reinstate IVF goes against your stated values and decommissioning criteria and has now been loudly decried by the Minister.

### ***Integrated joined-up care is the prize, not to be sacrificed***

From 2016/17 Healthwatch welcomed the new overarching all-system approach to health economics and integrated care as described through the Fit for the Future Partnership (STP). The STP has in the past championed evidence-based guidance and person-centred services for health and social care, key to reducing waste and increasing effectiveness.

The pre-eminent conversation about finances must not let down the progress towards a broader and longer term understanding of value. Being treated early, supported with prevention and helped to be independent makes sense for many, as our recent extensive survey shows.

Whilst recognising the pressure on immediate budgets, we urge the CCG to hold this line on integrated joined-up care and partnership working, and to look for efficiencies and cost base reductions through all partners in the system that least directly affect the public. It is regrettable that the 'enabling' workstreams in the STP, for example digital strategy were the last to get off the ground.

### ***Engagement with communities***

Healthwatch has noticed that the language of transformation and redesign is lost on many of our population unless they can actually help on a tangible improvement project. We do appreciate your honesty about potential service cuts and foresee a more focused and dynamic opportunity to drive public participation, such as you achieved through looking at the future of community hospitals in Fenland and East Cambridgeshire.

We have heard many people don't just want the same or more; they tell us they see duplication and waste in administration and want these tackled first. Involving the public in looking at ideas, and an overall list of potential cuts at an early stage is welcomed. We want to know more about how this big conversation will take place at all levels, and how Healthwatch can help people to have a voice.

There will be calls for the CCG to lay out the implications of the financial position for specific communities and patient groups in the short term and the future, including these potential effects:

- No NHS availability

- Reduced access
- Further travel
- Longer waits
- Poorer staffing
- More complaints likely.

We agree that consultation opportunities for significant changes or cuts to services be done in line with legal and best practice methods, so that patients, the public, local government, service providers and STP partners fully have their say.

### ***Learning from feedback together***

At Healthwatch we have a long-held vision where the whole NHS system can learn together from often rich feedback held in isolation. Not just service by service, or organisation by organisation but by sharing key data and its analysis we would look more closely through local people's eyes to see interdependencies and impacts for communities. This approach, driven by the STP and with our support, could be a powerful learning across the whole system.

Healthwatch hears much from the public about good care and outstanding services in Cambridgeshire and Peterborough. We see the pressure and appreciate the hard work you do. Thank you for the opportunities to discuss the financial challenge so far.

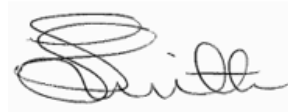
These conversations have included exploring the role Healthwatch can play in understanding the needs of the public to increase their successes in self-care and staying healthy, and in developing people's knowledge about using health services. We are excited to facilitate a new local Community Values Forum from the autumn, to support decision-making in the NHS alongside the opportunities for patient engagement and consultation already in your sights.

We look forward to working with the CCG and STP partners in the future.

Yours sincerely,



Val Moore  
Chair



Sandie Smith  
Chief Executive