

CCG Finances

Health Scrutiny Committee 12 October 2016

a) What progress has been made in identifying the £13m in-year savings that Ipswich and East Suffolk and West Suffolk CCGs need to achieve to remain on budget?

Considerable progress has been made to identify the financial gap the CCGs were predicting in July 2016. However the CCGs still face challenges - both before the end of the year, and in future years.

There were a series of actions taken to identify the gap for 2016/17. A large part of the work to ensure we were on track was through looking at the CCGs' more than 150 contracts with providers. Every one of these contracts has been thoroughly scrutinised to secure cost efficiencies without losing high quality services.

It also included rigorous review of the out of county provision for a handful of patients, looking at corporate costs and underpinning our work on prescribing. This includes making sure medicines and treatments given to patients are the best possible price, as well as making sure the CCGs only pay for the care patients in Suffolk receive. See Appendix 1 for a public facing infographic on where the work has centred and Appendix 2 for the public campaign on reducing wasted medicines.

At the end of August (month 5) Ipswich and East Suffolk saw no overspend, while in West Suffolk there is a £1.3m deficit, with no deterioration in the rate of overspend. Nearly every line of improvement plans (known as Quality Innovation Productivity and Prevention) has delivered over the past month and is a reflection of a great effort.

The CCG is putting into action new guidance from NHS England to begin settling contracts. Historically this has taken place during January and February. This will now take place during October, and offers the chance for longer contract terms with providers such as the hospitals, mental health and ambulance providers.

The agreement of the Guaranteed Income Contract with both Ipswich and West Suffolk hospitals has promoted not only good financial sense, but also improved working relationships between providers and commissioners. This new way of working, which was announced in May 2016, will help deliver a more sustainable short and long term financial future for the NHS in east and west Suffolk. (Press release: <http://www.ipswichandeastsuffolkccg.nhs.uk/Newsevents/News/WorkingtogetherforasustainableNHS.aspx>)

b) What are the outcomes of the engagement exercise on IVF and the Marginalised Vulnerable Adults service?

A thorough engagement process was carried out from 19 July to 9 September, including a total of 22 events and online data collection.

Some 580 comments were gathered on outreach service proposals and 794 on in-vitro fertilisation. On the street and website, people clearly understood the proposal to change in-vitro fertilisation, but there was less understanding of the offer for outreach clinics for homeless and other vulnerable people. Consequently, focus groups and outreach clinic visits to Felixstowe, Sudbury and Haverhill were held to find out more.

Some 50 staff took part, with help from GPs, lay members from both CCGs, a volunteer and five members of Healthwatch Suffolk staff.

Some 235 Facebook posts were issued, resulting in 38,360 impressions. On Twitter there were 228 posts. Four press releases were issued which saw two TV interviews; three BBC Radio Suffolk interviews; one Ipswich Town Radio interview and 11 press articles.

MPs, councillors and support groups wrote in answer to both of the proposals. Frequently asked questions have been answered through the process, and answers published online. An independent assessment compiled from the responses has been prepared by the University of East Anglia to assess the process and weigh up the responses.

On IVF, three opinions emerged. Some felt “it was fairer” to offer one cycle, another view was not to reduce at all with the remainder feeling zero cycles should be offered.

Some of the themes that emerged relating to the IVF strand included fertility conditions; mental health concerns and the impact on family; funding, particularly that money could be better spent elsewhere in the NHS or suggesting means testing, adoption and finally improved information.

In relation to outreach services for marginalised and vulnerable adults (MVA), views from partners, such as borough and district councils, police, service providers and users and the voluntary sector were that there is a need for a service. Particularly it requires better strategic working with partners, such as housing, social services, voluntary and public health and transport issues from rural areas to urban areas. Mental health and drug and alcohol services will also be reviewed for this group of people.

On 27th September Ipswich and East Suffolk CCG deferred the decision to January, so that it could see what the effects of the contracting process was on its financial position.

On 28th September West Suffolk CCG deferred the decision to a later meeting, likely January, to allow time to properly understand the findings of the engagement process.

c) What other consultations are envisaged, and what are the potential timescales for these?

There are no current plans for engagement or consultation on specific issues at the time of writing.