NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

# ‘Community First’ - consultation on proposed changes to the provision of inpatient beds for people with a learning disability in Cambridgeshire and Peterborough

## 10 August 2018 to 5pm 28 September 2018

## Consultation extended to 5pm on Friday 12 October 2018

This consultation is aimed at patients registered at GP practices within Cambridgeshire and Peterborough Clinical Commissioning Group's area.

This document is available in other languages and formats, including Easy Read, on request.

To request alternative formats, or if you require the services of an interpreter, please contact us on:

- 01223 725304
- CAPCCG.contact@nhs.net

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

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Amended on 22 August 2018

## The consultation process

You can give your views in a number of ways:

- Fill in the questionnaire found online on the CCG's website at www.cambridgeshireandpeterboroughccg.nhs.uk

- Fill in the paper copy of the questionnaire in this consultation document at page 18 and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Engagement Team, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH (you do not need a stamp).

- Telephone the Communications and Engagement Team on 01223 725304.

- Attend one of the public meetings detailed below and tell us what you think:

| Date | Venue | Time |
|---|---|---|
| **Thursday 16 August 2018** | Forli Room, Town Hall, Bridge Street, **Peterborough, PE1 1FH** | **1.30pm - 3.30pm** |
| **Thursday 23 August 2018** | Suite 1, Stanton Training and Conference Centre, Stanton House, Stanton Way, **Huntingdon, PE29 6XL** | **1pm - 3pm** |
| **Thursday 6 September 2018** | The Meadows Community Centre, Arbury, **Cambridge, CB4 3XJ** | **1pm - 3pm** |
| **Thursday 11 October 2018** | Forli Room, Town Hall, Bridge Street, **Peterborough, PE1 1FH** | **1pm - 3pm** |

* Please note that we are unable to provide refreshments at meetings

- If you belong to a group or organisation, you can invite us along to one of your meetings by contacting the Communications and Engagement Team on 01223 725304 or by emailing CAPCCG.contact@nhs.net

- Current patients and carers will be contacted directly about how they can discuss these changes and feedback their views.

## Who we are and what we do

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is a statutory body set up to commission health services on behalf of patients registered at a GP practice in our area. The CCG and GP member practices work together collaboratively to fulfil the purpose of the CCG. The CCG's Constitution sets out how the organisation is governed and how commissioning decisions are made.

The CCG is a membership organisation. We are one of the largest CCGs in England, by patient population. We have 101 GP practices as members, which cover all GP practices in Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of around 967,000 which is diverse, ageing, and has significant inequalities. We manage a budget of around £1.2bn to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

The NHS receives a fixed budget to buy and provide health services for the local population. When commissioning (the process of planning and buying) health services we do so specifically for the health needs which have been identified locally for our population. We make decisions about which health services to purchase, based on these identified needs. Like many CCGs up and down the country, there is greater demand on our budget than we have the budget to spend.

The challenge faced by all organisations across the NHS is how to spend the available budget in ways that most benefit the health of the whole population and which deliver good value for money. We have a growing population, which is also an ageing population that is diverse and has significant inequalities. We have a limited budget and a growing demand for all types of healthcare services, as well as a financial deficit that needs to be cleared.

The CCG has to evaluate every service that it commissions to see if it offers good quality, good outcomes, and good value for money, as well as whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

## What is this document about?

This document is about proposed changes to the commissioning of adult inpatient beds – beds in hospitals - for people with a learning disability who need extra support, including a mental health condition; and reinvestment in community services to ensure care and support is provided at home or in the normal care setting wherever possible.

The consultation applies to people registered at a GP practice in Cambridgeshire and Peterborough but not those in Hertfordshire or Northamptonshire.

## What are the issues that need to be addressed?

People with a learning disability and/or autism have the right to the same opportunities as anyone else; to live satisfying and varied lives and to be treated with dignity and respect.

Like everyone else, people with a learning disability and/or autism should be able to expect to live in their own home or another place of care within their local community, to develop and maintain positive relationships, and to receive the support they need to be healthy, safe, and an active part in society. See 'Building the Right Support'[1].

The national Transforming Care Programme was established in 2012 following the Department of Health review[2] into poor treatment and abuse of people with a learning disability and/or autism at Winterbourne View.

The Transforming Care Programme aims:

- to reduce the use of specialist hospitals, especially where people were being placed a long way from home and spending a significant period of time there
- to develop robust, community based services that can offer support in a crisis
- for assessment and treatment beds in hospitals to be used only where absolutely necessary, and with timely discharge back into the community.

In 2014 Sir Stephen Bubb undertook a further review[3] that led to a more structured approach to the Transforming Care Programme, with greater oversight and monitoring by NHS England through a national board. Local boards have also been set up to ensure that targets are met locally, with a focus on developing community services for people who have been in hospital for over five years. Developing community services to respond in a crisis, as well as developing the workforce and services, continue to be key in avoiding admitting people to hospital.

The CCG, Cambridgeshire County Council, Peterborough City Council, and Cambridgeshire and Peterborough NHS Foundation Trust (our local mental health and community services provider), with others, have written a strategy for delivering the Transforming Care Programme locally. The local strategy, Building on Strong Foundations (June 2016), aims to help people live satisfying and fulfilling lives as close to home as possible and with the right support. The aim is to ensure that the right care and support is delivered in the community wherever possible.

We would like to invest more money in community services and reduce the need for inpatient beds. In most circumstances, if community services are able to support more people to live at home or closer to home, then we can reduce the need for inpatient services.

[1] https://www.england.nhs.uk/learning-disabilities/natplan/

[2] https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response

[3] https://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf

However, it is important to emphasise that where a hospital admission is the most appropriate option for a person with a learning disability and/or autism then they should be able to access inpatient services as required. Our aim is that these services should be a last resort, of high quality, integrated with community services, and focus on people's recovery so that they can be discharged back to the community in a timely way.

To do this we are planning to redesign inpatient services and to invest in community and primary preventative services for people with a learning disability and/or autism. We are asking for your views on our proposals.

In Cambridgeshire and Peterborough, inpatient services for people with a learning disability and/or autism who need extra support, including a mental health condition, are commissioned by:

- Cambridgeshire and Peterborough CCG and Learning Disability Partnership for patients living in the Cambridgeshire County Council area
- Cambridgeshire and Peterborough CCG for patients living in the Peterborough City Council area.

Across Cambridgeshire and Peterborough there is currently a total of 16 inpatient beds, commissioned by the CCG and the Learning Disability Partnership, for people with a learning disability and/or autism. Six of the beds are at the IASS ward on the Ida Darwin site at Fulbourn and ten beds are at The Hollies at the Cavell Centre in Peterborough.

The IASS was a six-bed inpatient ward for people with a learning disability. It was commissioned by the Learning Disability Partnership and was run by Cambridgeshire and Peterborough NHS Foundation Trust, our local NHS mental health and community services provider. The unit has not been used since 1 April 2016 due to very low demand and the building not being fit for purpose. This allowed commissioners to temporarily consolidate the beds into The Hollies.

The Hollies is a specialist, ten-bed unit which provides assessment and treatment for adults with a learning disability. The service at The Hollies is commissioned as follows:

- Five beds commissioned from Cambridgeshire and Peterborough NHS Foundation Trust by the Learning Disability Partnership for patients from Cambridgeshire
- five beds commissioned by the CCG for patients from Peterborough.

In addition, the Learning Disability Partnership and the CCG commission Cambridgeshire and Peterborough NHS Foundation Trust to provide community services across the whole of the Cambridgeshire and Peterborough Transforming Care Partnership area.

We also commission a small number of 'out of area' beds as required. These are inpatient beds outside of Cambridgeshire and Peterborough CCG's area which are

additional to the number of locally-commissioned beds, and usually purchased to meet particular special needs or requirements.

By reducing the number of inpatient beds we will be able to reinvest the money we save into strengthening community services. This will help us to achieve the Transforming Care Programme's aim of commissioning and delivering better care closer to home, and improved services for people with a learning disability and/or autism and their families.

## Why are we consulting with you now?

In line with the progress of the national and local programme, we have analysed our local use of inpatient beds and believe that the proposed changes will provide better clinical and patient experience outcomes for our patients, whilst delivering more effective and safe services.

## What we are asking you

We have set out the options that we have considered, below. Having reviewed all of these options, we have agreed a **preferred option (Option 4)** that we are now seeking views and comments on. We believe that Option 4 will be the best option to deliver the future model of service provision as well as the objectives of the local Transforming Care Plan ('Building on Strong Foundations' 2016), in line with the expectations of the national policy called 'Building the Right Support'.

### Option 1 – Do nothing

Continue to commission the 10 beds at the Hollies as per the current use and close six beds at IASS. This in brief includes five beds commissioned through Cambridgeshire and Peterborough CCG and five beds commissioned through the Learning Disability Partnership. This would also include the continuation of spot purchasing out of area beds as required.

| Pros | Cons |
|---|---|
| No Change. | The Hollies ward is not used fully, because the unit cannot support all the people that would need hospital admission, so we need to buy other hospital beds out of area. |
| | Not cost effective because commissioners are required to 'double fund' placements by placing patients out of area whilst there are vacant beds at the local ward. |
| | Outcomes for Transforming Care Programme and NHS England would not be met. |

**Option 2 – Retain local beds only with no option of out of area beds or further community investment**

Consolidate all bed requirements to a local Assessment and Treatment Unit (ATU) based at the Hollies and close six beds at IASS, with no spot purchased out of area beds which are currently used in situations where the Hollies is not able to support the person.

| Pros | Cons |
|---|---|
| Inpatient services would remain local and provide greater accessibility for patients and visitors including family members. | Capacity of local ATU to care effectively and safely for a range of needs that may require a diversity of support and treatment including intermediate care or 'safe and secure' rehab type pathways. |
| Existing skill set and staff experience would be retained. | Experience of existing provision and the reality, even with enhanced 'safer staffing' levels, of not being able to meet the needs of local patients having to be placed out of area sometimes at the behest of the local ATU itself. |
| Eliminate the need to send patients out of area away from their families and local communities making it, in theory, easier to facilitate timely discharge with local community services. | Limitation of commissioners to purchase bespoke inpatient services for patients with highly complex needs that may require highly specialised provision or hospital care within a single occupancy setting. |
| Provide greater cost effectiveness with commissioners no longer required to 'double fund' placements by placing patients out of area whilst there are vacant beds at the local ATU. | Impact on alternatives to admission and the capacity to change the service across the health system with resources tied up in bed based provision, hampering the requirement to build up new and innovative community alternatives in 'cash flat' times. |
| Improve monitoring of care and treatment and consistency of quality with provision consolidated in one inpatient setting. | Future intent of current provider regarding hospital estate and service development beyond provision of inpatient services for people with learning disabilities. |
| | Significant environmental changes would need to be made to the Hollies ward to meet the needs of patients. |

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| | Significant changes to and for staff would need to be made and accommodated for increased intensity and complexity of patient needs. |
| | With increase in intensity, unpredictability, complexity, and nature of this cohort of patients, there will be increased risks associated both to staff and to other patients on the ward. |

**Option 3 – No dedicated local beds**

Decommissioning of local ATU (10 beds at the Hollies) and six beds at IASS. Instead move to a 'No Bed Model' and develop spot purchase arrangement for beds in other hospitals with some local reasonable adjustments for patients with learning disabilities and/or autism that can function on mental health wards in addition to the enhancement to community teams.

| Pros | Cons |
|---|---|
| Secure a funding stream that would guarantee re-investment in community services and alternative inpatient services as and when required.<br><br>This means expansion of specialist community services including larger community teams with broader skills, which would reduce the need to admit patients. Investment into crisis accommodation called 'crash pad'. | There will be a risk of increased out of area admissions which does not support the outcomes of the national Transforming Care Programme. |
| Patient centred spot purchased beds may best ensure highly complex patient needs are met, which could result in shorter hospital admissions and timely patient discharges. | Out of area admissions at a distance from the person's home would be contrary to Transforming Care agenda and counterproductive, with care being provided away from local community, potential for increased length of stay in institutional settings, and the practical difficulties of monitoring quality of care and slowdown in discharge preparation. |
| Create new pathways and better integration with other specialist and mainstream services including the local First Response Service and access to existing community provision with reasonable adjustment as examples. | Loss of skills as specialist inpatient staff may be redeployed outside of specialty or transferred to newly commissioned alternative providers. |

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| Create the capacity to recycle specialist skills within enhanced community services and share skills with wider provision to embed reasonable adjustments and make it a reality. | Integration of patients with a learning disability in mental health wards may work for some but not all within the spectrum of learning disabilities, placing the most complex and vulnerable people at further risk. |
| Better meeting the needs and preferences of people with learning disabilities and their families as support and interventions are provided in the least restrictive manner in their own homes within the community. | Capacity and willingness of providers of non-learning disability services to want to embrace a model that may impact negatively on existing mental health pathways. |
| Develop a robust independent and in house (council) community provider marketplace that supports the prevention agenda with a skilled and trained workforce. | May require additional money to support 'reasonable adjustment' in mental health inpatient settings with the assumption that the existing estate could accommodate any necessary capital work. |
| | Potential issues with sourcing and securing an out of area specialist bed when needed (as the last resort) if on a spot purchase basis; as experience is that bed capacity is limited, and will be further limited as the Transforming Care Programme progresses nationally with sites affected across the independent hospital sector. |

**Option 4 – preferred option**

Decommissioning of the local ATU (10 beds at the Hollies) and six beds at IASS with reinvestment to develop the following services:

- Investment to enhance the local community teams, to provide more capacity for early intervention to prevent crises developing, and more capacity to support people intensively who do reach crisis.

- Strengthening the expertise of staff in local care, support, and housing agencies to support people who need extra support.

- Development of more 'crash pad' facilities that can offer a break from current living arrangements, with support and interventions from experienced staff who know the person, to avoid admission to hospital.

- Where a mental health condition is the overriding issue and where this is considered the most appropriate response, make reasonable adjustments for

people with learning disabilities and/or autism to access mainstream mental health wards (ideally one in Cambridgeshire and one in Peterborough).

- Commission five specialist inpatient beds to meet the needs of those people who cannot be supported on mainstream mental health wards, or for whom this would not be appropriate. This could be commissioned from Cambridgeshire and Peterborough NHS Foundation Trust, another NHS trust, or an independent sector provider. The CCG will want to consider all options.

| **Pros** | **Cons** |
|---|---|
| Continuity of medical professional for patients admitted in area would reduce the risk of delayed discharges and best ensure focused and holistic assessment and treatment. | Economy of scale cannot be ensured with a reduced number of beds thus this arrangement may be more expensive for a commissioned service. |
| The enhanced local forensic pathway* linked with the mainstream pathway would better ensure targeted assessment, treatment, and after care support.<br>(*Forensic mental health services work with people who have mental health conditions and have committed a serious criminal offence, or are thought to be at high risk of committing an offence. (Definition taken from South West London and St George's Mental Health NHS Trust website)). | Retain resources disproportionately in bed based provision which may significantly compromise capacity to develop and deliver community based alternatives. |
| Create new pathways and better integrate with other specialist and mainstream services, including the local First Response Service, and access to existing community provision with reasonable adjustment as examples. | Impact of decommissioning intent in the Independent sector and commitment and mandate from NHSE not to place in such services |
| Reassure medical professionals treating patients with a learning disability that bed availability is within the new model when absolutely required. | Flexibility of provision and contract as new provider may require a significant financial commitment in order to undertake provision including 'locking' commissioners into a block contract arrangement. |
| Create the capacity to recycle specialist skills within enhanced community services and share skills with wider provision to embed reasonable adjustment and make it reality. | Risk that mainstream beds become blocked if they are not ring-fenced for patients with a learning disability which would result in increased out of area placements. |

| | |
|---|---|
| Release money to invest in ‘alternative to admission’ provision including ‘crash pad’ type facilities locally. | Risk that the reasonable adjustments to mainstream beds, including Learning Disability Nurses, may not be consistently available which may result in unnecessary out of area placements. |
| Better meeting the needs and preferences of people with learning disabilities and their families, as support and interventions are provided in the least restrictive manner in their own homes within the community. | |
| Develop a robust independent and in house (council) community provider market place that supports the prevention agenda with a skilled and trained workforce. | |
| Expansion of specialist community services by investing in larger community teams with broader skills would reduce need for patients to be admitted. | |
| Use of spot-purchased out of area beds would be reduced thus meeting TCP and NHS England outcomes and trajectories. | |
| Local commissioned ATU beds could be enhanced and underpinned by medical professionals in the community within the enhanced community model; thus maximising investment and reducing a fragmented approach which will result in improving the patient ‘experience’ and outcomes | |

## Engagement to date

We have engaged with stakeholders, including people with a learning disability and/or autism and their carers, through a range of meetings, including:

- the Transforming Care Partnership Board
- other cross agency meetings.

We also held a health and social care event called 'Community First' in Cambridgeshire in October 2017 and presented to a Cambridgeshire-wide Speak Out Council event in Isleham about our transforming care plan. We realise that we need to engage much further as part of this consultation.

## How to tell us your views

- Fill in the questionnaire on our website: www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations

- Fill in the paper copy of the questionnaire found on page 18 of this consultation document and send it FREEPOST to: Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. You do not need a stamp.

- Telephone the Communications and Engagement Team on 01223 725304.

- Current patients and carers will be contacted directly about how they can discuss these changes and feedback their views.

- We will attend meetings organised by groups who are interested in the proposed changes. If you would like us to attend your meeting please contact us as below:

    - Phone: 01223 725304

    - Email: capccg.contact@nhs.net

## Why we consult

### Legal requirements

This consultation document has been drawn up in accordance with the 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

**Assurance of service change**

The five tests of service change:

There must be clear and early confidence that a proposal satisfies the government's four tests, NHS England's test for proposed bed closures (where appropriate), best practice checks, and is affordable in capital and revenue terms. The government's four tests of service change are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners.

NHS England introduced a new test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or

iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

**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 committee of the Governing Body in accordance with this Constitution; membership will be formed from patient representatives elected by local patient forums;
(ii) the Quality, Outcomes and Performance Committee which is constituted as a committee of the Governing Body and considers patient experience, complaints and feedback;
(iii) 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 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

https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=4360

## The questionnaire

1. Do you agree with our preferred option 4 starting on page 10?

2. If yes, why?

3. If not, why not?

4. Are there any other comments you would like to make in relation to the proposals outlined in this consultation document?

If organisations or groups would like to respond to this consultation, we are happy to receive letters or emails using the contact information below. In our end of consultation report we enclose full copies of these responses so please indicate if you wish your organisation or group response to remain private:

By post: (no stamp required)

Freepost Plus RSCR-GSGK-XSHK
Engagement Team
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

By email: capccg.contact@nhs.net

**The closing date for receipt of responses to this consultation has been extended to 5pm on 12 October 2018.**

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

Can you tell us which of the following age bands you belong to?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 16-29 years | | 30-44 years | | 45-59 years | | 60-74 years | | 75+ years |

How would you describe your gender?

How would you describe your ethnic background?

Do you consider yourself to have any disabilities and/or impairments?

Yes ☐ No ☐ Prefer not to answer ☐

Finally, please could you tell us the first part of your postcode?

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Thank you for taking the time to complete this questionnaire.

**The closing date for receipt of responses to this consultation has been extended to 5pm on 12 October 2018.**

Through this public consultation your views will be fed into the development of the final proposal. All of the feedback received from all of the responses to this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.