

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>18 SEPTEMBER 2019</b>	<b>PUBLIC REPORT</b>

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**COMMUNICATIONS AND ENGAGEMENT APPROACH TO DELIVERING THE CCG FINANCIAL PLAN 'THE BIG CONVERSATION' – USING OUR NHS RESOURCES WISELY**

<b>R E C O M M E N D A T I O N S</b>
<p>It is recommended that the Peterborough Health Scrutiny Committee discuss the content of this report.</p> <p>The Committee has agreed with the in-principle approach at their meeting on 9 July 2019. This is an update on the process so far and our approach to engaging stakeholders in developing the documentation.</p>

**1. ORIGIN OF REPORT**

1.1 Jessica Bawden, Director of External Affairs and Policy for Cambridgeshire and Peterborough Clinical Commissioning group (CAPCCG) alerted members of the committee to the intention of CAPCCG to engage with the public and key stakeholders on the NHS financial situation for this area. This report is to update the full committee of the intended content, scope and processes for that engagement.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 To update the committee before finalising the documents and launching in mid-September.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions; paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

3.1 The CCG is facing an unprecedented financial challenge in 2019/20. To meet this challenge, we need to garner support from our key stakeholders, providers and importantly the wider public. This requires a new approach, a Big Conversation about how we use our valuable NHS resources and how we take more responsibility for our own health.

The Big Conversation is launching in mid-September 2019 to help the CCG better understand what matters most to the local community, at the same time as surfacing good ideas from the community and clinicians that could help us to make savings in the

future.

The Big Conversation is not a formal consultation but has been designed to support the financial recovery plan and future commissioning, decommissioning, disinvestment and investment decisions.

Over the course of 12 weeks we will engage with people via events, the media, social media and other marketing channels.

Following approval of the approach at the Governing Body Meeting in Public on 2 July 2019, we wanted to provide an update on next steps.

### 3.2 Our objectives for this approach

- This programme of work is a catalyst for how we communicate with our public about how NHS resources are used wisely;
- To start an open conversation about commissioning priorities alongside individual responsibilities in relation to self-care and lifestyle, supported by evidence;
- To ensure that we meet our statutory duties in relation to decommissioning of services, in a proportionate and pragmatic way;
- To seek the support and understanding of key stakeholders in relation to this work and our ongoing lobbying and partnership work to bring the system into financial sustainability for the long term.

3.3 The Big Conversation engagement activity will reach out far and wide into our community. It is designed to help people have a better understanding of both what we do, and the financial challenge we face. We had hoped to launch before the summer break, but other internal pressures meant that this was delayed and it was thought preferable to wait until after the holidays.

3.4 We will do this by launching the public element Big Conversation in mid-September 2019 and running it for 12 weeks. During this time, we want to have a Big Conversation with:

1. **With you, members of our Community** – about what services they need and value most, at the same time as looking at how they use NHS services, including out of hours care, over the counter medications, and medicines waste
2. **With our Clinicians** – about referrals, prescribing and service constraints
3. **With our Providers** – about how they can become more efficient and embrace innovation whilst still providing good quality healthcare

The Big Conversation with Clinicians has been launched, with a series of workshops and drop in sessions taking place across the area throughout August and September, supported by an online questionnaire and closed Facebook Group.

You can see the video we have created to support these activities here: <https://vimeo.com/354224345> .

We are also working with Healthwatch who will run community values panels in October and November to support this work. It will also align with the engagement work around the system response to the NHS Long Term Plan and will link to the Health and Wellbeing Strategy that is being developed and consulted on by Public Health colleagues.

- 3.5 By gathering this engagement feedback, we will be able to:
- Identify opportunities to make financial savings
  - Better understand the community's priorities when making commissioning, decommissioning, disinvestment and investment decisions.
- 3.6 The Governing Body provided delegated approval for the final sign off the Big Conversation public engagement documents to the Lay Member for Patient and Public Involvement, the Chief Officer and the Clinical Chair, following feedback from Healthwatch, the Patient Reference Group and the Scrutiny Committee Chairs at their meeting on 2 July 2019. We would like to thank the Committee for the feedback given in July and the feedback we are receiving on the draft documents.

The draft Big Conversation documents have been shared with these groups and we are gathering final feedback in advance of the launch.

### 3.7 **Timescales**

Throughout May and June 2019, we have worked with Healthwatch and Cambridgeshire and Peterborough Health Scrutiny Committees as well as our own Patient Reference Group to develop the proposed approach to engagement.

We attended public Health Scrutiny meetings in July to present the process for engagement and gather their feedback. We have also shared the draft document with key stakeholders for feedback before the launch and are currently collating that feedback.

Healthwatch shared the outputs of their NHS Long-Term Plan engagement and survey responses. This has helped to shape the engagement process. The full report can be found on their website:

<http://www.healthwatchcambridgeshire.co.uk/news/what-would-you-do>

Healthwatch are also supporting us with two Community Values Panels which will feed into the Conversation. We will also be continuing to brief our Members of Parliament (MPs).

Following the work around the Community Service Review in June and July, it was decided not to run the Big Conversation over the summer but to wait until September. We therefore propose to launch the Big Conversation in mid-September, running until the mid of December 2019, subject to incorporating the views of stakeholders over the last week.

### 3.8 Key outputs will be as follows:

- Big Conversation document, infographics, Public Relations materials and survey developed with Healthwatch;
- Impacts of lifestyle facts & figures;
- Suite of materials, including leaflets, presentations, Frequently Asked Questions and social media tools;
- Public Meetings.

## 4 **ANTICIPATED OUTCOMES OR IMPACT**

- 4.1 The Big Conversation will help the CCG better understand patient views when assessing impacts of service changes in future.

## 5. REASON FOR THE RECOMMENDATION

- 5.1 The CCG and system financial challenges provides an opportunity for a change in the conversation we have with the public about how we all use the NHS and the need to take more responsibility for our own health.

A wider debate, rather than a focus on traditional consultation processes will open up a new level of engagement that we can use going forward as we plan for the next 3-5 years.

This approach will step up our two-way communications with the public which will be vital to support our challenging financial plan for 2019-20.

## 6. IMPLICATIONS

### 6.1 Financial Implications

Funding for healthcare across Cambridgeshire and Peterborough is under pressure. We are currently buying more than we can afford, which means we need to make some difficult decisions about the services we can afford to provide in the future.

As a CCG we need to make savings of around £33 million. This is our part of the whole system challenge of £192 million. Much of this will be through work with our providers to cut down on duplication, reduce costs of running certain services, and setting clear prices for services, known as tariffs.

We are currently overspending £1 million pounds a week and need to review what we commission and focus on core NHS services that bring the most benefits for our patients.

### 6.2 Legal Implications

The CCG has a statutory duty to consult and engage with the public and key stakeholders:

#### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### 6.3 Equalities Implications

Where changes are proposed the CCG will ensure it engages with relevant patient groups and complete associated impact assessments. The Big Conversation itself will not propose changes to services but will seek to gain a steer from the public about how they would like us to provide services and address the challenges we face.

## 7. BACKGROUND DOCUMENTS

- 7.1 Big Conversation Communications & Engagement Plan paper to the Committee July 2019  
<https://democracy.peterborough.gov.uk/documents/s39405/8.%20CCG%20The%20Big%20Conversation%20Report%20-%20HSC%20-%20190709.pdf>

Refreshed Communications & Engagement Strategy July 2018

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2019-20/>