

## **Our Strategy 2020-25**

### **Purpose**

1. This report presents a final version of our strategy for 2020-25 for approval and sets out the findings of the consultation process.

### **Key points**

2. The strategy has been in development for the past year. To inform our priorities we have compiled our intelligence and system priorities and undertaken commissioned stakeholder engagement work.
3. Healthwatch England have developed a toolkit to help local Healthwatch with strategic planning and identifying and delivering outcomes. This toolkit is based on the Theory of Change. Sections 10 to 13 explain how this theory is being used in development of our strategy and work plan.
4. There has been a public consultation exercise on our draft strategy, this ran between 6<sup>th</sup> January and 23<sup>rd</sup> February 2020. This was supported by a comprehensive comms plan including a survey and presentations to a range of community and strategic groups.
5. These groups included our health and care forums, partnership boards, South Alliance and Think Communities Strategic Group. Feedback from these presentations was very positive with overwhelming support for the chosen priorities. People have completed the online survey to give more detail.
6. In total 102 people responded to our consultation. The majority of people who responded support our chosen priorities. Please see paragraphs 14 to 19 for detail of what people have told us. Demographic data is included in section 21. The strategy has been amended in light of the comments received.
7. The CCG has submitted a statement which is supportive of our approach, see section 20.
8. A short summary and an easy read version of the strategy has been produced.

### **Action required by the Board**

9. To approve the strategy for 2020-25.

### **Author**

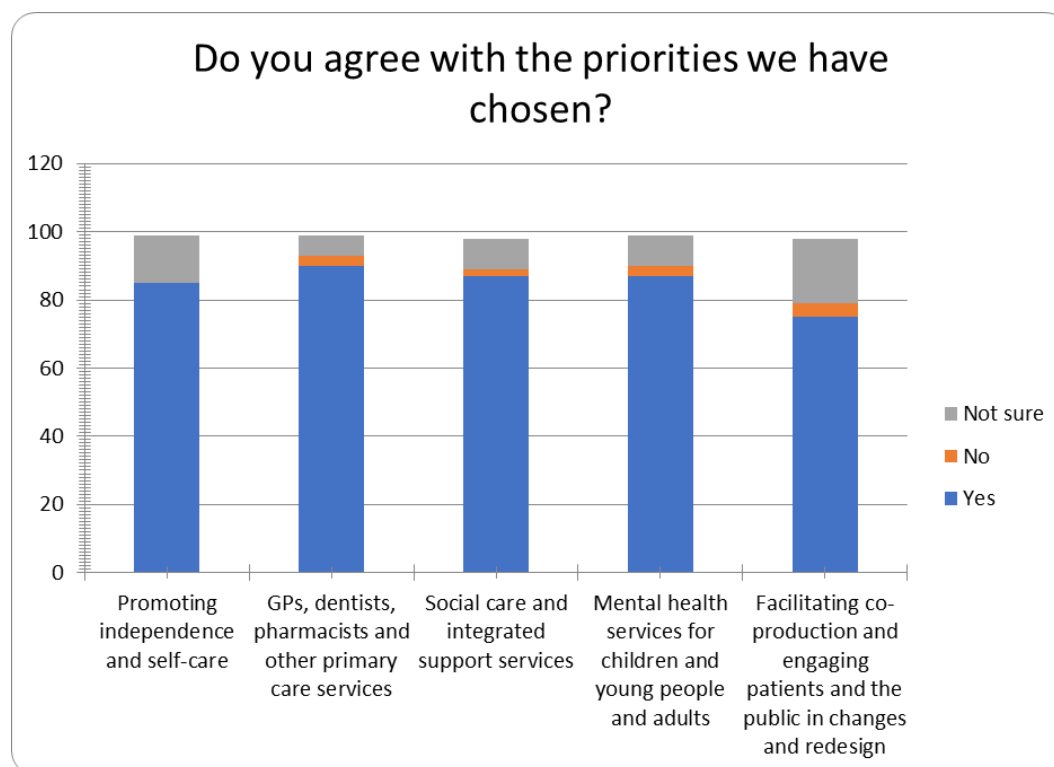
Sandie Smith, CEO 11 March 2020

### Theory of Change

10. The new Healthwatch England ‘Making a Difference’ toolkit, based on the ‘Theory of Change’, has a number of resources that we have used and adapted to help us plan activities and track outcomes. This toolkit is part of the Healthwatch England Quality Framework that we are piloting.
11. The diagram at the end of this paper explains the key steps in how our strategy will make a difference.
12. The work undertaken so far developing our strategy fits with this methodology (steps 1 to 3). The concepts are being used in the development of the annual work plan with an emphasis on identifying interim, as well as final, outcomes (steps 4 to 7). Communications and engagement is being described in a separate internal strategy.
13. The annual work plan and a refreshed six-monthly reporting framework will be considered by the Board at its May meeting. The strategy will be reviewed annually, with a formal review anticipated in 2023-24.

### Summary of consultation responses

14. 102 responses: 68% individuals / 32% professionals and other
15. Support for priorities:



16. Summary of comments on the top priority - primary care:

- All priorities important
- Primary care at the forefront of health services
- Integrating the interface between primary, secondary and community
- People want to manage their own health better

17. Summary of comments on the lowest priority - co-production:

- All priorities important but had to pick one
- Too much jargon
- Embed in provider strategies
- This priority cuts across the others

18. Other things we should be doing:

- Address the underlying structural problems/duplication and gaps
- Value for money/new practice models/digital innovation
- Promote healthy lifestyles, including sexual health
- Medications
- Secondary care
- Community based services
- Young people and parents
- Rural / deprivation / inequality issues
- Understand your own limitations / capacity
- No more, otherwise you'll be spread too thinly

19. Other comments:

- Have a flexible and adjustable strategy
- Co-production and co-design essential
- Remember 3<sup>rd</sup> sector and parish/town councils
- Understand demand and supply
- Need for good communications in everything

20. Our CCG have supplied the following statement:

‘Cambridgeshire and Peterborough CCG feedback that they continue to enjoy a constructive relationship with Healthwatch. Members of the Healthwatch team attend a number of the CCG committees and challenge and question appropriately in these forums, so that decisions are reviewed in light of their comments. The CCG is particularly grateful for advice it received from Healthwatch in developing the Big Conversation and for the quality feedback given through the Community Values Panels. The CCG looks forward to this valuable and positive relationship continuing.’

## 21. Demographic information

Fenland	10.2%
East Cambridgeshire	5.7%
South Cambridgeshire	20.5%
Cambridge	13.6%
Peterborough	26.1%
Huntingdonshire	20.5%

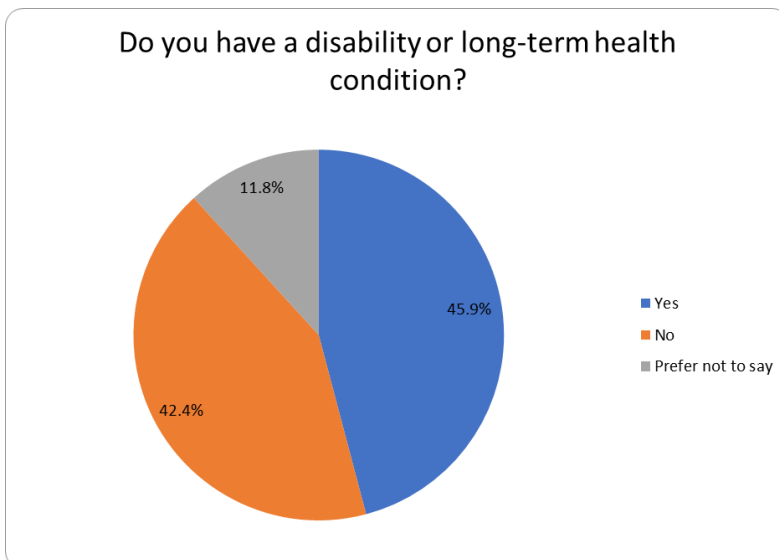
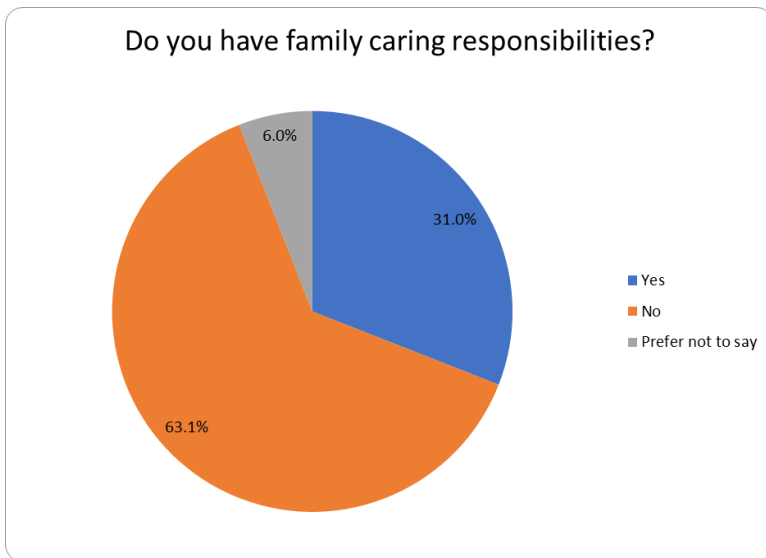
under 18	5.7%
18-24	4.6%
25-34	8.0%
35-44	8.0%
45-54	20.7%
55-64	17.2%
65-74	24.1%
75+	10.3%

Male	34.1%
Female	62.4%
Prefer not to say	2.4%
Other: Non-binary	1.2%

Asian or Asian British Pakistani	1.2%
Mixed White and Asian	1.2%
Black or Black British African	1.2%
White British	83.5%
White Irish	0.0%
Gypsy, Roma or Traveller	0.0%
Prefer not to state ethnicity	5.9%
Any other Asian, mixed, black or white background or other ethnic group (please tell us)	7.1%

Heterosexual or straight	83.3%
Lesbian, Gay or Bi-sexual	6.0%
Prefer not to say	7.1%

Christian	36.5%
Muslim	1.2%
Jewish	1.2%
No religion	43.5%
Other	4.7%
Prefer not to say	12.9%



## How our strategy creates change

