

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

19 DECEMBER 2013

CHIEF OFFICER NHS
HARTLEPOOL AND STOCKTON
ON TEES CLINICAL
COMMISSIONING GROUP

A CALL TO ACTION

SUMMARY

The report provides an overview and briefing on the NHS England A Call to Action. The report captures the key principles underpinning the challenges and opportunities facing the NHS in England, and the rationale for putting forward A Call to Action, the report describes the local approach and actions being undertaken to meet the requirements.

RECOMMENDATION

That the Board note the 'A call to Action' document and associated local actions being undertaken.

DETAIL

National Context – Background

1. NHS England published 'A Call to Action', (**attached in Appendix 1**) highlighting the challenges facing the NHS if it is to continue to provide a high quality yet free at the point of use health service.
2. Demand for NHS services is increasing as the population ages, expectations increase and the number of people with a long term condition increases. At the same time, increases in the cost of providing services and constrained public resources mean that the current pattern of service provision can no longer be guaranteed.
3. A Call to Action emphasises that the efficiency challenge in 2015/16 could be as high as 5-6% and that CCGs need to start planning for this change now.
4. The document brings into focus the fact that despite several years of funding growth, accompanied by the consistent application of improvement science, our NHS still lags behind the best performing international health care systems. For example, cancer survival rates are consistently better in a number of international health care systems.
5. The variation in clinical practice, clinical outcomes and patient experience across the total NHS system is still unacceptably high. This

cannot be explained by any logical and/or scientific reason; therefore we have to conclude that the variation is unwarranted, i.e. unjustified. This means we (CCG) as part of our system leadership role, are obligated to work with our members and stakeholders to raise contribution standards across the whole landscape of care, including core primary care.

6. The Call to Action correctly commences its focus on the quality agenda. The NHS is a well performing system, however there is plenty of room for improvement and the recent quality problems detailed in Mid Staffs, and via the Keogh reports identify significant deficits in patient care in some parts of the system.
7. The components of the call to action document reflect the key aspects of care system redesign, ranging from the management of long-term conditions to the most effective way to use data to respond to experience and quality.
8. The components covered mirror the sections within the CCG Clear and Credible Plan, and the operational plan we have put in place to deliver the changes required. The Call to Action is demanding from us, pace, diligence and consistency of purpose. It is also drawing attention to the connection between core health services and partnership services such as those required to maintain the independence for an increasing elderly population.
9. The key requirement in the paper is for CCGs to develop a 5 year commissioning strategy by the beginning of 2014 that shows real commitments to change, particularly in the next two years.
10. Having reviewed our CCG Clear and Credible Plan and calibrated the key principles with those described within Call to Action, we are in a position to be positive and confident that the two directions are in line, rather than divergent. There will be more careful planning required to be undertaken and we are working with NHS England to determine next steps to ensure a system wide approach as described in the document.
11. The document refers to the purpose being 'a programme of engagement that will allow everyone to contribute to the debate' and as a first stage, CCGs are expected to undertake a widespread consultation with the public and other stakeholders to help them understand the difficult times ahead and to seek their views on the way forward.

12. This engagement will be system wide and involve professionals and the public. In Hartlepool and Stockton-on-Tees CCG, we have already developed our communication and engagement plans to engage our stakeholders; however these will need to be reviewed in the light of A Call to Action to ensure that what we planned to do will correspond with this large scale listening exercise.

Local Context - Approach and Actions

13. As part of the planning cycle and the legal duty to involve, the CCG will seek feedback upon strategic issues and proposed priorities for 2014/15 onwards. As outlined in the Communications and Engagement Strategy, NHS Hartlepool and Stockton on Tees CCG:

- will work together with patients, public and partners to maximise the health and wellbeing of Hartlepool and Stockton communities by making the best use of NHS resources
- Is committed to ensuring that the patient and public voice is at the heart of its plans giving everyone an opportunity to contribute and influence commissioning decisions.
- Will work in partnership with NHS providers, local authority and community and voluntary sector partners to support people to remain independent, manage their health conditions and avoid unnecessary hospital admissions.
- Is committed to ensuring investment continues to be made in community services and intermediate care and towards reducing emergency admissions, and that this remains a priority.

14. The CCG in response to a call to action and building upon our engagement plans have held a number of public engagement events to include events on:

- Tuesday 12th November, 6pm - 8pm at the Baltic Suite, Hartlepool's Maritime Experience (formerly Historic Quay), Jackson Dock, Maritime Avenue, Hartlepool.
- Tuesday 3rd December, 6pm - 8pm at Norton Education Centre, Junction Road, Norton.

15. The events were clinically led and covered the priority topic areas listed below:

- Children and Young People
- Long term conditions
- Mental Health and Learning Disabilities
- Maternity
- Urgent & Emergency Care
- Frail & Elderly/End of Life

16. The event was based using a market stall approach with clinicians leading each market stall, clinicians were able to respond to direct questions and note concerns from members of the public. Questionnaires produced (**Attached Appendix 2**) were available on

each market stall to complete at the event or to take away and return to help inform our priorities.

17. Separately to the market stalls, an interactive event was undertaken whereby each member of the public was given 4 tokens and then asked to prioritise and place their tokens in one of the 7 boxes based on core health care values:

- Close to Home
- Safe service and well trained staff
- Continuity of care
- Health services via mobile phone and internet
- Appointments on an evening or a weekend
- Supporting you to look after yourself
- Friendliness and person centred care
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Engagement with hard to hear/reach groups

18. As well as undertaking public engagement events, the CCG are actively seeking the views of people with Hartlepool and Stockton, in particular hard to hear/reach groups.

19. The CCG has commissioned Catalyst (in partnership with Healthwatch Stockton) and Healthwatch Hartlepool to undertake a focussed exercise to consult with a number of key groups over an intensive 4 week period between November and December. The questions used will be the same as those set out in Appendix 2 to gain an accurate measure and output; however both organisations will adapt the questions where necessary in terms of terminology and structure to ensure they are fit for purpose for the specific audience.

20. The CCG has also included a link on the website to offer further opportunities for members of the public to provide further comment on a call to action and commissioning priorities.

Results

21. Analysis of both public events and commissioned events will be undertaken during January and will inform the future development of CCG plans. Results will be shared on our website and with partner agencies following analysis.

FINANCIAL IMPLICATIONS

22. Will be required to align within the financial strategy of the CCG

LEGAL IMPLICATIONS

23. All statutory responsibilities will be delivered. As section 242 of the NHS Act (2006) places a responsibility on commissioners to ensure that the public are informed, involved and consulted in the planning and provision of services

RISK ASSESSMENT

24. Key risks will be identified and added to the risk register. There will be risk if the requirements described in the document are not strategically aligned with the CCG planning frameworks. Alignment will mitigate any risks.

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