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Agenda item:

Title of meeting: Health and Wellbeing Board (HWB)
Subject: Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England
Date of meeting: 4 December 2013
Report by: Innes Richens, Chief Operating Officer, PCCG
Wards affected: All

1. Requested by

Dr James Hogan, Vice-Chair of the HWB

2. Purpose

To provide background briefing information to members of the HWB on the NHS Call to Action ahead of a presentation on progress to date.

3. Information Requested

Appendix A sets out the briefing paper presented to the PCCG Board at their last meeting in September.

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Signed by

Appendices: Appendix A - Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England

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Briefing Paper: 'The NHS Belongs to the People: A Call to Action' - NHS England, July 2013

1 Introduction

'The NHS Belongs to the People: a Call to Action', produced by NHS England in July 2013, recognises the successes of the NHS but also the current and future challenges facing it. It sets out the case for change for the NHS, suggesting the types of developments required and commits to a national programme of engagement with both NHS users and staff in order to generate further proposals.

The full paper can be downloaded via the NHS England website here:
<http://www.england.nhs.uk/2013/07/11/call-to-action/>

This briefing paper summarises the key messages from that paper and sets out NHS Portsmouth Clinical Commissioning Group's response.

2 The Challenges to the NHS

'A Call to Action' identifies the following national challenges to the NHS:

Increasing life expectancy: Between 1990 and 2010 life expectancy in England increased by 4.2 years. Whilst premature deaths from heart and circulatory disease have reduced in the UK, we are not performing as well as other countries on some conditions (such as cancers).

High resource use for long term conditions: one quarter of the population have a long term condition and use a high proportion of health care services:

- 50% of GP appointments
- 70% of hospital beds
- 70% of total healthcare spend

People with more than one condition and, particularly, people living with higher levels of deprivation use higher levels of NHS resource.

Changing Burden of Disease: the 30% of people with one or more long term conditions account for £7 out of every £10 spent on healthcare in England. A model of hospital-based delivery of care no longer makes sense for managing this pattern of ill health, which requires a range of inputs and a good degree of co-ordination in the community.

Increasing emergency and hospital care demand: in England, over the past 10 years there has been a 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75yrs. There has been a rise of 2.6% per year of hospital re-admissions.

Patient Experience: whilst a 2011 Commonwealth Fund Study of eleven national health services reported that 88% of patient in the UK described the quality of care they received from the NHS as excellent or very good, there are clearly areas requiring significant improvement. In particular, the frail older population, black and ethnic communities, younger people and vulnerable children traditionally report poorer experiences of our NHS services.

Patient Safety: high-profile cases such as Mid-Staffordshire Hospital and Winterbourne View demonstrate what happens if safety is not core to our business. Continuous attention to safety is required.

Health Inequalities: differences in health, illness and life expectancy are experienced by people from different groups in society. Health inequalities are generated by multiple influences - such as education,

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gender, geography, and economics. Only 15-20% of inequalities in mortality rates can be directly influenced by health interventions that prevent or reduce risks.

Ageing Society: The proportion and absolute numbers of older people are predicted to grow, in particular in the over 85s. Two thirds of people admitted to hospital are over 65 years old and 70% of hospital emergency bed days are for the same age group. Health care expenditure on over 75s is, perhaps unsurprisingly, 13-times greater than the rest of the adult population.

Dementia: the number of people with dementia is predicted to rise from 800,000 currently to over 1 million by 2021, though more recent evidence suggests these predicted levels may be too high.

Lifestyle Risk Factors in the Young: the risk of developing debilitating illness is increased by personal and lifestyle circumstances. Drinking, smoking, poor diet and lack of exercise contribute to premature mortality. Evidence to support effective interventions is still patchy. There is not yet enough evidence to be confident about what will ensure, for example, sustainable weight loss for individuals.

Rising Expectation: patients and the public are increasingly expecting access to the latest therapies, more online information and also greater involvement in their care. The NHS needs to keep pace with other sectors in providing easier access to information and services. Increasingly people want seven-day per week access to primary care that is near their home, work or local shops and pharmacies.

Increasing Costs: the NHS provides a more extensive range of treatments, drugs and services each year. Many of these innovative therapies are at an increased cost and the range of services adds to NHS costs placing pressure on the affordability of a public NHS.

Limited Financial Resources: there is consensus at a national level that the NHS can expect its budget to remain flat in real terms or to increase with overall GDP growth at best over the coming years. This represents a slow-down in spending growth for the NHS. The gap between projected spending requirements and resources available is approximately £30billion between 2013/14 and 2020/21 (assuming no changes are made).

Pressures on Social Care: spending settlements for social care services have not kept pace with demand for social care, adding to the increased demand for NHS services.

Limited Productivity Improvement Opportunities: NHS productivity between 1995 and 2010 grew by 0.4% (Office of National Statistics, 2010) whilst in the economy as a whole it grew by 2%. The application of productivity measures and comparisons to a health service is still vigorously contested. However, NHS England's analysis suggests the NHS efficiency challenge could be 5-6% by 2015/16 (currently it is 4%). Measures already being implemented to meet the current productivity challenge (£20billion) will not be enough - a fundamentally more productive service is needed.

3 Future Opportunities

Throughout 'A Call to Action' a number of opportunities to address these challenges are highlighted. The table below summarises these. Many of these are already within the CCG's commissioning plan and being implemented locally; the table that follows gives a brief update on local delivery.

Theme	'A Call to Action' Recommendations	CCG Response
Better Prevention of Disease	<p>Working more closely with partners such as Public Health, Local Authorities and Health & Wellbeing Boards to find ways to influence people's behaviors, encouraging healthier lifestyles</p> <p>Develop similar methods of assisting people adapt their diet, take more exercise or drink less alcohol as currently used to stop smoking.</p> <p>Review of health spending and how investment in prevention may be scaled up over time.</p> <p>Refocus the NHS workforce on prevention in order to better support individuals in community & primary care settings</p>	<p>The CCG has routinely made a commitment to public health work despite it not being a statutory CCG function.</p> <p>For example, the CCG's 2013 stakeholder event had a focus on inequalities in men's health, with a set of recommendations adopted at the August CCG Governing Board meeting.</p> <p>The CCG has strongly supported the need for a Director of Public Health for Portsmouth within Portsmouth City Council</p> <p>The CCG actively supports Public Health membership of key business groups</p> <p>The CCG is an active member of the Portsmouth Health & Well Being Board</p> <p>CCG sign-up to the Joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment incorporated into the CCGs Commissioning Strategy</p>
Give people with long term conditions better control of their health	<p>Support self-management, personalised care planning and shared decision making</p> <p>Implement Personal Health Budgets</p> <p>Manage patients and help them manage themselves, by understanding their individual risks (also known as 'risk stratification').</p> <p>Ensure patients are supported by a range of professionals - ensuring there is close co-ordination amongst these different professionals.</p> <p>Facilitate this model by use of technology</p> <p>Work with Local Authorities and Health & Wellbeing Board to deliver more community-based care, including care delivered in people's homes.</p>	<p>Personalised care planning and shared decision-making is being adopted in Long Term Conditions care; for example it is in place for End Of Life care</p> <p>Personal Health Budget pilot is currently in place for NHS Continuing HealthCare</p> <p>Risk stratification: we are currently trialing different approaches in GP practices</p> <p>Integrated community teams - with primary care, health and social care are being trialed by clusters of GP practices in the City</p> <p>Technology: currently 2 projects underway (Florence and Portsdown Practice)</p> <p>Integrated commissioning with Portsmouth City Council is in place and being expanded</p>

Theme	'A Call to Action' Recommendations	CCG Response
<p>Integrated, 7-day week services (including urgent care services)</p>	<p>New thinking on how to provide joined up services across health and social care is needed, including at weekends. Develop 7-day per week access to primary care provided near people's homes, work or local pharmacies. Autumn 2013: expect first report of the National Medical Director on how to improve access to more services seven days a week. NHS England are currently conducting a review of urgent & emergency services (including addressing 7-day week services).</p>	<p>We have supported a primary care development programme, run by local GP practices working in clusters; this includes social care services and aims to join up services We currently transfer £3.2m of its allocation to Portsmouth City Adult Social Care per year to support integrated out-of-hospital care, including urgent care. This will rise over the next 3 years as part of the national Integration Transformation Fund delivery. We have delivered a review of urgent care - starting with the front-door of the Emergency Dept. The CCG will be commissioning a revised model of service for ED from October. We will next review minor injuries and walk-in provision in the City. We have made the national short-list to become an 'integration pioneer' – which will bring additional support to the City to join up services.</p>
<p>Maintain a focus on safety</p>	<p>Make it easier for staff and patients to report incidents and near misses.</p>	<p>We monitor the quality and safety of all NHS funded services through monthly quality reviews with each provider. Outcomes from these reviews are reported to the CCG Governing Board. We conduct service visits to talk to patients and staff and assess quality of services. We conduct clinical review of specific services with clinicians from that service (eg Solent Adult Mental Health Services) We have a dedicated, Portsmouth-specific Quality Team We review provider productivity plans to assess impact on quality of services. We have established feedback forms for GPs to raise any issues about services directly to the CCG as well as a feedback form on our CCG website for members of the public.</p>

Theme	'A Call to Action' Recommendations	CCG Response
Tackle health inequalities with partners	Work closely with Local Authorities, Public Health and others to ensure co-ordination of healthcare, social care and public health services.	We are an active member of the Portsmouth Health and Well Being Board We have an established Integrated Commissioning Unit with Portsmouth City Council that includes elements of Public Health commissioning (eg services for children). The Integrated Commissioning Board oversees this arrangement and aligns priorities and plans.
Support older people to stay independent	Develop solutions such as Extra-care housing (very sheltered housing with care) for older people and people with long term conditions.	We continue to be a partner in the City's joint accommodation strategy that delivers extra-care.
Harness Transformational Technologies	Patients should have the same level of access, information and control over their healthcare as they do in other sectors (eg banking). Offer online access to individual medical records, test results and appointment bookings. Facilitate email consultations with individual clinicians. Develop at-home monitoring for long term conditions. From April 2013, 50 existing UK online centres in local settings (eg libraries, cafes) to receive funding to develop as digital health hubs for people to access online health information (eg from NHS Choices)	Currently 2 tele-health projects underway (Florence and Portsdown Practice) supporting people with long term conditions. We are working with GP practices to develop online booking, access to medical records and test results. We are a member of the Portsmouth & SE Hampshire IT Enablement programme – which aims to join up IT across different services to support better patient care We would acknowledge the need for broader regional and national support and approaches to improving access to technologies that assist staff and patients to deliver better care.
Transparent Data	Dramatic improvements need to be made in the supply of timely and accurate data - for people, clinicians and commissioners. From July 2013, publication of the results of the Friends and Family Test.	We agree and acknowledge that, whilst our local approaches to improving data continue, these must be supported by ongoing improvements at a regional and national level.

Theme	'A Call to Action' Recommendations	CCG Response
Move away from 'one-size-fits-all' models of care	Consider how the health service can invest in work to understand the biological basis of common diseases.	The CCG would be supportive of national moves to develop this area of work.
Seeing healthcare as a source of economic growth	Investment in individual's health delivers wider benefits to society and the economy (eg by reducing illness costs to the taxpayer, by improving the health of the workforce). NHS is the largest customer for the UK health and life sciences industries and Britain is a leader in biomedical research.	We recognise the wider benefits to society and the economy of supporting individuals to maintain or improve their health and wellbeing.
Invest in best-value services	Be rigorous about applying best-value considerations not just to drugs and technology but also throughout the healthcare system - including different models of delivering health and care services.	We are constantly improving our planning and procurement processes to assess for best-value for the Portsmouth pound.

4 The National Engagement Programme

NHS England intend to analyse in more detail the trends its highlights in its ‘Call to Action’ paper and publish their findings. Consideration will be given to the recommendations from ongoing reviews (eg the Urgent and Emergency Care Review, the Berwick Review on safety)

There will also be a nationwide campaign called ‘The NHS Belongs to the People: a Call for Action’. This will be a programme of engagement to seek contributions to the debate about the future of health and care provision in England.

CCGs will be expected to use the outputs of this engagement programme to develop a 3-5 year commissioning plan.

The engagement programme will involve:

- an online platform hosted by NHS Choices for staff, patients and the public to contribute their views
- ‘Future of the NHS’ surgeries with staff, patients and public at a local level and led by CCGs, Health & Wellbeing Boards and Local Authorities
- specific events designed to engage with NHS staff
- ‘Town Hall’ meetings at a regional level to engage local government and regional businesses
- National engagement events focusing on national organisations including the Royal Colleges, charities and the private sector.

Six CCGs: Dorset, North East Lincolnshire, Harrogate and Rural District, Hull, Birmingham South and Central and Enfield have expressed an interest to work with NHS England’s Call to Action team on the development and content of the local and national engagement events, which will take place from September 2013.

A range of stakeholders, including members of the public, third sector, Healthwatch and health and wellbeing boards will be involved in the co-design phase and the overall shape of the campaign. The outcome will give the engagement exercise a structure, but not mandate it too much so that it can still fit with CCGs existing priorities.

NHS England are also working through other key elements of the ‘Call to Action’ campaign which includes producing dedicated resources for CCGs to use in their own campaigns, web and digital plans.

NHS England have also launched a specific consultation on primary care services. ‘Improving General Practice – a Call to Action’ was launched in August and is seeking views to help shape the future of general practice services in England. The consultation is being conducted primarily through an online survey on the NHS England website and will close by 10th November 2013.

The survey can be found here: <http://www.england.nhs.uk/ourwork/com-dev/igp-cta/>

5 What will not be considered as part of the solution?

NHS England sets out 3 options it will not consider as part of addressing the challenges set out in its ‘A Call to Action’:

- i. Do nothing: the NHS cannot meet these future challenges without changing
- ii. Assume increased NHS funding: NHS England do not believe it is either realistic or responsible to expect anything more than flat funding (adjusting for inflation) in the coming years

- iii. Cut or charge for fundamental service or 'privatise' the NHS: reducing the scope of services the NHS offers would contravene the principles of the NHS and its Constitution. Charges for users or co-payments are also inconsistent with these principles.

6 Next Steps and Recommendation

In addition to the integrated of the principles and themes of 'A Call to Action' in the CCGs work programmes the CCG is also taking the following next steps specifically regarding the national initiative:

- Working with member practices specifically on the 'Improving General Practice – a Call to Action'. This will be undertaken through the CCGs newsletter, PIP and its forthcoming member practices commissioning event where specific discussions will be facilitated.
- Jointly discussing this with the Health and Wellbeing Board
- Incorporating stakeholder and public participation in the national programme as part of the CCGs forthcoming Annual General Meeting – specifically seeking ideas and solutions from those attending on what should be considered nationally and locally for the future plans for the NHS

NHS Portsmouth Clinical Commissioning Group Governing Board is asked to note the national 'A Call to Action' paper and the alignment of current CCG work to the recommendations of that paper.

Innes Richens
Chief Operating Officer

August 2013