

**DERBYSHIRE COUNTY COUNCIL  
HEALTH IMPROVEMENT AND SCRUTINY COMMITTEE**

**4 November 2013**

**Report of NHS Erewash Clinical Commissioning Group  
On behalf of  
NHS Hardwick, NHS North Derbyshire, NHS Southern Derbyshire**

**THE NHS BELONGS TO THE PEOPLE: A CALL TO ACTION**

**1. Purpose of the Report**

To provide the Health Improvement and Scrutiny Committee with contextual information and a summary of local activity in response to “The NHS belongs to the people: A Call to Action”, published by NHS England in July 2013.

**2. Information**

‘A Call to Action’ highlights the challenges facing the NHS if it is to continue to provide a high quality, universal service which is free at the point of use. In response the document calls upon everyone (professionals and citizens) to come together to develop a common understanding of the challenges and work together to design the optimal service for current and future generations. The intention is for this to be done through a wide-scale programme of engagement to ensure everyone has an opportunity to make a contribution.

The ‘Call to Action’ document sets out the national aims to:

- Build a common understanding about the need to renew the vision of the health and care service, particularly to meet the challenges of the future;
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures;
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plans;
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives, for the next 5-10 years.

***Challenges***

The document brings into focus that despite several years of funding growth the current NHS system still lags behind in comparison with other international health care systems; for instance in areas such as cancer survival rates. Despite improvements, there continue to be areas of

unwarranted variation and health inequalities which in turn put pressures on the system and occasionally let patients down, which is unacceptable.

As life expectancy of the population rises (along with more people living with Long Term Conditions), increasing public expectations, and lifestyle risk factors; so too is demand for services. This is set against a backdrop of flat funding and if services continue to be delivered in the same way as now this will result in a national funding gap that could grow to £30bn between 2013/14 and 2020/21. 'A Call to Action' further emphasises that productivity improvements alone will not be enough to address future deficits in funding, stating that in 2015/16 the efficiency challenge could be as high as 5-6% compared to the 4% required this year.

It is clear that the current system of service provision is no longer sustainable, so transformational and radical change is required; 'doing nothing is not an option'.

### ***Requirements***

As part of the authorisation process the four Derbyshire based Clinical Commissioning Groups (CCGs) produced plans covering the period 2012-2015, all of which were developed in consultation and engagement with the public and partners. However, in response to a 'Call to Action', the CCGs now need to reconsider and review the plans to ensure they extend far enough in addressing the challenges set out.

A key requirement of a 'Call to Action' is for CCGs to develop commissioning strategies that will continue up to 2020. It is anticipated that the plans will be required by the end of 2013.

When developing the longer term plans, the CCGs will need to take into consideration:

- A refocus on prevention (working with Public Health);
- Solutions which enable people to take greater control of their own health and care;
- Developing services which are more closely aligned to patients (both in terms of location and needs);
- Possibilities of harnessing new technologies to support innovation;
- Potential of transparent data to provide greater intelligence;
- Addressing inequalities and unwarranted variation.

The CCGs commissioning strategies will need to demonstrate a clear commitment to change. The CCGs are expected to set out detailed plans and outcomes particularly for the first 2 years of the strategy, with higher level indications of future intentions thereafter.

The foundations of the future commissioning strategies will be the wide scale consultation and engagement with the public and stakeholders; to develop

plans which are based on a shared understanding of the local issues and challenges ahead to co-create bold, radical and realistic solutions to address them.

### ***Derbyshire Approach***

In order to provide further focus and structure, engagement plans have been developed for each CCG (see Appendix 1) which sets out the planned activities and timescales for seeking and capturing feedback from the local debates to support development of the five year commissioning strategy.

Feedback and learning from previous Patient and Public Involvement Stakeholder events have been taken into consideration and incorporated into the development of the revised plans. This will be in addition to feedback received from CCG clinical members, other stakeholders and partners/providers.

Furthermore, the CCGs in Derbyshire are fortunate in having undertaken a preliminary consultation (21st Century Healthcare) with the public on the challenges facing the NHS and, as part of this work, have developed a set of principles that should underpin changes to services. These guiding principles can be found at Appendix 2.

As work has already commenced the CCGs are beginning to form high level strategic priorities and commissioning intentions. These will be developed and refined during the process described above. The initial work priorities for each of the CCGs are given at Appendix 3.

### ***Conclusion and Next Steps***

Having calibrated approaches and principles with those described within 'Call to Action', the CCGs are in a position to be positive and confident that the two directions are in line, rather than divergent. There will be more detailed and careful planning to undertake in the coming months as the next steps and requirements set out in the document begin to take shape.

Clinical leadership support will be required throughout this process, to ensure the dialogue with the public and stakeholders is productive and positive in informing outline plans to address the challenges ahead.

The initial outline plans will evolve as continued input and feedback is received.

## **3. Considerations (to be specified individually where appropriate)**

### **Financial Considerations**

None arising from this report.

**Other considerations**

In preparing this report the relevance of the following factors has been considered: human relations, Legal and Human rights, equality and diversity, prevention of crime and disorder, environmental, health, property and transport considerations.

**4. Recommendation**

That the Health Improvement and Scrutiny Committee note the aims and objectives of 'A Call to Action' and the local response from the four Debryshire based Clinical Commissioning Groups;

**Lynn Wilmot-Shepherd  
Commissioning and Delivery Director**

Erewash CCG - Approach to "A Call for Action"			
Meetings and Engagement	Dates	Who?	Comments
<b>Planned Public Events - Link to Alison Kirk information</b>			
Erewash Borough council community forum - Ilkeston	17/09/2013	Public, patients, local stakeholders, voluntary sector, Healthwatch etc.	Will use to gain feedback on initial thoughts for 5 year plan and commissioning intentions linked to key strategic priorities
CCG Public Event Ilkeston Arena	19/09/2013	Public, patients, membership, providers, partners including local council, voluntary sector, LA, Healthwatch etc.	Market stall approach; key stakeholders - consultation on initial thoughts on 5 year plan etc. as above
Erewash Borough Council community forum - Long Eaton	17/10/2013	Public, patients, local stakeholders, voluntary sector, Healthwatch etc.	Will use to gain feedback on 2nd DRAFT thoughts for 5 year plan and commissioning intentions linked to key strategic priorities i.e. after collating feedback from previous events
Nov 14th CCG Stakeholder Event	14/11/2013	PPG groups, partners, providers, Healthwatch etc.	Repeat of "World Café" event held in July 2013 - gain feedback on latest DRAFT of priorities and plan etc.
<b>Formal Meetings with Partners</b>			
Joint Commissioning Group	Monthly	Consists of LA Commissioners and Senior representation from all 4 CCGs	Consists of Adult Social Care and all CCGs; work already started on developing current 256 plans and thinking more radically about integrated plans for 14/15 and 15/16. Audit in place to look at existing integrated care across CCG's; tasked by Adult Care Board to co-ordinate plans for sign-off at HWB Board in December.
Adult Care Board	Bi monthly (Sept/Nov)	Multi-agency	As above
Health and Well-Being Board	Quarterly (Sept/Dec)	Multi-agency	Final DRAFT of integrated plan will go to HWB Board in December for sign-off having been through above processes
Engage with providers	Various	All main providers e.g. DCHS, DHFT, DHcFT, NUH, LA etc.	Invitation to Public Events; 1:1 meetings; communications
Health Improvement and Scrutiny Committee (Derbyshire County Council)	Bi monthly (Sept/Nov)	County Council and health	Outline plans and updates will be presented to ensure that the HISC oversee the proposed changes and are assured that local people will continue to receive high quality services both from health and social care.
<b>Internal Meetings</b>			
Senior Management Team	08/08/2013	All GP Leads and Directors	Agreed "pack of information" and questionnaire to be sent to GP practices asking for views and "bold" ideas (available if required)
Commissioning & Quality Group/Clinical Innovation Group/Governance, Finance & Performance Group/Audit Committee/Finance Resource Committee	15/08/2013	GP membership and lay member representation etc.	Paper re: above for discussion and on-going updates
Governing Body	05/09/2013	As per constitution i.e. GP leads, Directors, Lay Members etc.	Paper re: above for discussion
Governing Body	Monthly		Further updates
<b>Other</b>			
Initial consultation setting the context and asking for feedback/bold ideas - circulated to GP Practices	09/08/2013	GP practice managers and GP Leads from CQG + early sight of document was sent to main providers and commissioners	Full pack of why, what we have done so far and what we need to do + areas where we benchmark badly was circulated to practices in order to achieve a "inclusive approach" to the plan and commissioning intentions.
Email to key providers/partners	09/08/2013	As above	The above was also sent to key partners and providers to ensure they were aware of the approach we are taking
Website	On-going	All who access the website	A "you said/we did" approach + investigate a "survey monkey" type questionnaire
Full plan of actions leading up to December is in place	July - Dec	Outlines who is involved, when etc.	Plan in place and led by Commissioning and Delivery Directorate
<b>Issues</b>			
1. Key issues are linked to areas already highlighted on the "Issues Log" i.e. need to know allocations; "rules" around .5%; 1% and 2%; rules around the £3.8bn transfer; the savings target - £30bn? And levels of challenge			
2. Capacity - both financial and planning; no available resources to fund additional capacity on an interim basis.			

### **Twenty First Century Healthcare Guiding Principles**

**In Derbyshire, the whole health community and Social Care organisations will make decisions based on the following principles:**

- 1. All services will be person-centred and will meet the needs of the person and their families or carers rather than meeting the needs of the system**

**This means** we will work in partnership with the people needing care and their families and carers to provide care as close to the persons home as possible, and when appropriate support them to access the right care away from home.

To achieve this we will commit to working across all organisations to ensure all staff understand and commit to working in this new way.

A joint discussion will take place between professionals and service users or carers and family members to agree the care that they will receive.

- 2. We will provide care flexibly across all health and social care organisations by listening to, and understanding the person's complete needs and meeting them by using all services and resources available.**

**This means** that we will co-ordinate care across health, social care and voluntary services to ensure people receive the right care from the right service at the right time.

We will share information safely and appropriately across organisations to meet individuals' needs be they physical, emotional or social.

To achieve this several areas will need to address:

- How people first see a health care professional, especially GP's
- 24/7 access to services will need to be considered
- Information governance e.g. security and confidentiality
- Appropriate support of the voluntary and community sector

- 3. We will challenge assumptions about the way we work and have the courage to make changes for the better that will improve the patient experience and obtain the best value for money.**

**This means** we will protect the NHS and adult social care locally while responding to the challenges we face to ensure health and social care services are delivered safely and to high quality standards. Health services will all be commissioned by the NHS though may be delivered by external providers, but will be free at the point of access. We will embrace new technologies such as tele-care and find new approaches to care based on sound evidence. We will commit to monitoring and publishing patient experience data to be accountable to those who use our services.

- 4. We respect and value the people who use and work in health and social care services in Derbyshire and we will invest resources to support the health and well-being of our communities.**

**This means** that all service users and staff will be treated with dignity and respect. To achieve this, all organisations will continue to develop a culture across their establishments, led by the top, where service users feel valued and respected and staff attitudes and skills support this.

5. **We will actively seek and listen to the views of people who use and work in health and social care in Derbyshire so that we can plan and deliver services in partnership and be accountable to them.**

**This means** that we recognise well-being is affected by influences outside of direct health services and by working together with staff and users to understand those wider personal and social issues and with other agencies, such as voluntary organisations and other statutory agencies, we can provide a comprehensive care package. It also means the views of people using services will be partners in the design, planning and monitoring of the services provided in the area.

6. **We will support people to help them to make an informed choice about lifestyle and services and identify and provide extra support for those who need and want to make positive lifestyle changes.**

**This means** providing the information and routes around the systems people require to enable them to gain better health, recognising that some people may need a little more support than others. To achieve this staff will need to have the resources to be able to signpost users and be educated in providing that information.

## Our existing 7 strategic priorities - what will we achieve by 2020

Strategic Priority	What will this mean for patients by 2020?
1 - Improving the Quality of Primary Care	<ul style="list-style-type: none"> <li>• More services available in GP practices across 7 days</li> <li>• Patients are consistently happy with the services they receive</li> <li>• Better access to services in the community</li> </ul>
2 - Improving the Mental Health of the population and Dementia services	<ul style="list-style-type: none"> <li>• Less people will need to be admitted to hospital</li> <li>• There will be more choices for care and treatment closer to home</li> <li>• There will be more support for people with mental health conditions and learning disabilities across 7 days</li> </ul>
3 - Providing the best start in life: Improving outcomes for Children	<ul style="list-style-type: none"> <li>• Children's services will be "joined-up" with a team organised around the needs of the child – health, education, voluntary sector etc.</li> <li>• School nursing will play a key part in ensuring children have healthy lifestyles</li> <li>• Children will have more access to emotional well-being programmes to help with mental health and behavioural issues</li> </ul>

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## Our existing 7 strategic priorities - what will we achieve by 2020

Strategic Priority	What will this mean for patients by 2020?
4 - Reducing inequalities across the CCG population	<ul style="list-style-type: none"> <li>• Less patients will be admitted to hospital in an unplanned way</li> <li>• More "easy access" clinics will be available to help stop people being admitted to hospital when they could be cared for elsewhere</li> <li>• There will be less people with alcohol related liver disease</li> <li>• More people will be routinely screened for cancer and appropriate treatments started earlier</li> </ul>
5 - Integration of Care – Focusing on older and frail people	<ul style="list-style-type: none"> <li>• More people will be able to stay at home and live independent lives</li> <li>• Health care, social care and voluntary sector agencies will work around the person as a team</li> </ul>
6 - Supporting People with Long Term Conditions	<ul style="list-style-type: none"> <li>• More people will take responsibility for their own health focusing on prevention</li> <li>• New ways of helping people manage their condition will be available – health coaching, technology solutions</li> <li>• More services will be available in the community</li> </ul>
7 - Improving End of Life Care	<ul style="list-style-type: none"> <li>• More people will be given the choice of dying in their preferred place of care with the necessary support</li> <li>• More community care packages will be available to help keep people in their own home, where they choose</li> </ul>

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