

| Bath & North East Somerset Council | |
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| MEETING: | Health and Wellbeing Board |
| MEETING DATE: | 6 November 2013 |
| TITLE: | NHS Call to Action |
| WARD: | All |
| AN OPEN PUBLIC ITEM | |
| List of attachments to this report: | |

1 THE ISSUE

- 1.1 An information report to supplement the presentation on the NHS Call to Action.

2 RECOMMENDATION

- 2.1 This is an information report to supplement the presentation on the NHS Call to Action.

3 THE REPORT

Background

- 3.1 On 11 July 2013, NHS England published 'The NHS belongs to the people: a call to action', to trigger a debate about the future shape of and strategy for the NHS in order to meet demands and tackle funding gaps. Local engagement activity, led primarily by Clinical Commissioning Groups, will be combined with a national programme of stakeholder engagement and simulation sessions.

What is Call to Action?

- 3.2 Call to Action is about best practice in participation. The aim is to ensure patients, public and health partners are:

- Provided with good quality information
- Provided with a range of opportunities to participate
- Involved from the initial planning stages
- Pro-actively engaged, particularly in diverse communities.

AND - knowing from the beginning how it will make a difference and then demonstrating the impact people have made to our work.

- 3.3 Call to Action isn't a public consultation. Rather it's a sustained programme of engagement with patients and the public, staff and stakeholders. It's about debating the future of the NHS and how the NHS needs to change. The feedback received will be used, at a local and national level to plan for immediate issues and for a sustainable

future. It aims to build public awareness on the challenges in the 'A Call to Action' document published on 11 July and other more localised challenges as identified by commissioners, such as the BaNES CCG.

- 3.4 It's designed to generate a broadly consistent debate with the public, staff and stakeholders about how the NHS could meet these challenges, the priorities and the trade-offs this will require. The feedback and insights will inform future strategies and commissioning plans (for CCGs and for direct commissioning). Engagement is designed to support the creation of public legitimacy for future commissioning decisions and to create a platform for future transformational change. These change plans will then be part of a 5 year strategic plan, submitted as part of the planning round for 2014/15.

Local plans and involvement

- 3.5 The BaNES Clinical commissioning Group is keen to ensure we both follow and provide new ideas around best practice for patient and public participation and engagement. The CCG is keen that local people can and do influence our commissioning plans. The CCG is keen to:

- Raise awareness of Call to Action with our local communities and encouraging them to join the national and local debates
- Deliver a programme of engagement which is easily understood, to inform our 3-5 year commissioning plans
- Demonstrate how local debate informs our commissioning plans and communicate this back to our communities and partners such as the Health and Wellbeing Board

- 3.6 In BaNES we are already beginning that programme of activity. We have recently held a series of stakeholder events across the area and we introduced 'Call to Action' to our audiences. Few if any had previously heard of the strategy and so we recognise we are at the start of a long but hopefully rewarding journey. Early feedback from these events suggests that patients and public are keen to be involved in the debate. We'll take on board all the feedback from these events and they will help shape our programme of engagement and participation for our future commissioning intentions. We know it's absolutely about more than just events in public; it's about demonstrating true participation and the communities' ability to influence. We want our plans to be fully integrated across the health community and flexible so that they can change in the light of unexpected demand or change.

- 3.7 As a CCG we have already been recognised for being responsive to changing need and improving care for patients. For care of the frail elderly, programmes such as:

- Extra GP support to nursing homes
- Review of prescribing in nursing and residential homes
- Providing support to care homes - e.g. infection control
- Re-design of pathway for continence care
- Extending night sitting services
- Timely diagnosis of dementia and increasing diagnosis rates
- More patients with dementia having face to face interviews

are examples of where we have listened to the need for change and going forward, where we can continue to make change and adaptation on the basis of feedback and staff, partner, patient and public experience.

- 3.8 Looking ahead there will be significant opportunity for local debate and participation in programmes such as

- Responding to the challenges of an aging population
- Improving quality and patient safety
- Promoting self-care which includes healthy lifestyles and improved wellbeing
- Improving the mental health and wellbeing of the population
- Improving consistency of care
- Reducing inequalities and social exclusion

3.9 As a CCG we look forward to working with our partners and communities to support Call to Action and to bring about improved and informed health care.

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| Contact person | Dr Ian Orpen, Chair of Bath & North East Somerset CCG |
| Background papers | |
| Please contact the report author if you need to access this report in an alternative format | |