

REPORT TO: Health and Wellbeing Board
DATE: 18th September 2013
REPORTING OFFICER: Simon Banks, Chief Officer
PORTFOLIO: NHS Halton Clinical Commissioning Group
SUBJECT: The NHS belongs to the people: a call to action
WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to inform the Health and Well Being Board of the publication of *The NHS belongs to the people: a call to action* and invite discussion in regard to a local response to this programme of engagement.

2.0 RECOMMENDATION

RECOMMENDED: That

- 1. the Health and Wellbeing Board notes this report and the publication of *The NHS belongs to the people: a call to action*;**
- 2. notes the work already facilitated by NHS Halton CCG in partnership with Halton Borough Council to commence a public narrative about the future of health in Halton; and**
- 3. supports the continuation of this public narrative with local people, NHS staff and politicians.**

3.0 SUPPORTING INFORMATION

- 3.1 *The NHS belongs to the people: a call to action*, calls for the public, NHS staff and politicians to engage in an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a national funding gap which could to £30bn between 2013/14 and 2020/21.
- 3.2 *The NHS belongs to the people: a call to action* sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat

and rising expectations of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

3.3 *The NHS belongs to the people: a call to action* highlights that the success of the NHS in extending life means that people are living longer, but with more conditions and illnesses such as dementia that were not common even twenty years ago. New technology has led to earlier diagnosis and better treatment, but this has also increased cost and the NHS is still not reaching everyone that it needs to do.

3.4 *The NHS belongs to the people: a call to action* states that the new independence of NHS England and the establishment of Clinical Commissioning Groups (CCGs) create an opportunity to have a debate about how the public, doctors and politicians want their local NHS to be shaped. NHS England is supporting a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England. This programme will be the broadest, deepest and most meaningful public discussion that the service has ever undertaken. The engagement will be patient – and public-centred through hundreds of local, regional and national events, as well as through online and digital resources. It will produce meaningful views, data and information that CCGs can use to develop 3-5 year commissioning plans setting out their commitments to patients and how services will improve.

3.5 *The NHS belongs to the people: a call to action* aims to:

- Build a common understanding about the need to renew our 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.

3.6 *The NHS belongs to the people: a call to action* sets no predetermined solutions or options for consultation. The document does suggest that bold, new thinking is needed and that NHS England and CCGs will consider a wide range of potential options. However, there are three options that will not be considered:

- **Do nothing.** The evidence is clear that doing nothing is not a realistic option nor one that is consistent with the duties of the NHS. The NHS cannot meet future challenges, seize potential opportunities and keep on a sustainable path without change.
- **Assume increased NHS funding.** In the 2010 spending review, the Government reduced spending on almost all most public services, although health spending was maintained. NHS England and NHS Halton CCG do not believe it would be realistic or responsible to expect anything more than flat funding (adjusting for inflation) in the coming years.
- **Cut or charge for fundamental services, or ‘privatise’ the NHS.** NHS England and NHS Halton CCG firmly believe that fundamentally reducing the scope of services the NHS offers would be unconstitutional, contravene the values that underpin the NHS and - most importantly - harm the interests of patients. Similarly, we do not think more charges for users or co-payments are consistent with NHS principles.

3.7 NHS Halton CCG has already facilitated an event on 26th June 2013 at which themes similar to those raised by *The NHS belongs to the people: a call to action* were discussed with Halton Borough Council and NHS England colleagues. NHS Halton CCG, working with NHS England and Halton Borough Council, proposes to utilise the outcomes of this event, which are being shared with the Health and Well Being on 18th September 2013, to continue a dialogue with local people about the future shape of the NHS.

4.0 **POLICY IMPLICATIONS**

4.1 There are significant policy implications for all partners in Halton as a result of the issues raised in *The NHS belongs to the people: a call to action*. There is an opportunity, through dialogue with our local community, to understand the potential outcomes and impact of the strategies and plans of the NHS Halton CCG, Halton Borough Council and NHS England as the key commissioners of health and care services within the borough and how far this contributes to addressing the challenge set by this document.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no financial implications as a direct result of this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None as a result of this report.

6.2 **Employment, Learning & Skills in Halton**

None as a result of this report.

6.3 **A Healthy Halton**

NHS Halton CCG is a key partner in this agenda.

6.4 **A Safer Halton**

None as a result of this report.

6.5 **Halton's Urban Renewal**

None as a result of this report.

7.0 **RISK ANALYSIS**

7.1 There are potential reputational and political risks from engaging in a public debate about the future shape of the NHS. These are partially mitigated by clear statements that this debate is open, honest and is about sustaining the NHS for the next 65 years and beyond.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None as a result of this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

NHS England, *The NHS belongs to the people: a call to action*, NHS England, 11th July 2013, <http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf>