

## **Committee: Health & Wellbeing Board**

**Date:** 13.06.2014

Wards:

## **Subject: Merton CCG Call to Action Report**

Lead officer: **Eleanor Brown, Chief Officer**

Contact officer: **Lynn Street, Director of Quality**

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### **Recommendations:**

- A. The Health and Wellbeing Board is asked to note the Merton Clinical Commissioning Group (CCG) Call to Action Report.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The purpose of Call to Action is to simulate debate in local communities, amongst patients, health care professionals and commissioners, about how best to deliver healthcare services in the face of the future challenges of a funding deficit and growing demand for services. It is predicted that there will be a shortfall of approximately £38 billion in the NHS in terms of service provision over the next ten years.

The NHS belongs to the population of England – A Call to Action discusses the key problems and opportunities that the future NHS must address. It provides a framework for this discussion, outlining the key issues facing the NHS and the case for future change.

The Call to Action aimed to:

- Build a common understanding about the need to renew our vision of the health and social care services, particularly to meet the challenges of the future
- Give NHS stakeholders (patients, clinicians, commissioners, etc.) an opportunity to tell us how to maintain current NHS values in the face of future pressures
- Gather ideas and solutions to develop both the CCG's two year operating plan and five year strategic commissioning plan.

In Merton CCG Engagement activities for Call to Action complemented our existing engagement and strategic planning. The feedback we received is being fed into our two-year operating plan and five-year strategic commissioning plan in particular transferring primary care and integration of services. Call to Action feedback will also shape the national vision, identifying what NHS England should do to drive service change.

## **2 DETAILS**

We promoted Call to Action and our online survey through existing communications and engagement channels, such as the CCG website, twitter, engagement activities; and via partner channels including Merton Healthwatch, Merton Council and patient and community group events, GP practices, e-newsletters and contact distribution lists. Hard copies of the online survey were available from GP Practices, libraries, at engagement activities and by post on request.

The main tool to collect views and ideas was an online survey that was available for eight weeks on Merton CCG's website and is included in the report as Appendix 3.

Approximately 425 people have been reached by Merton's Call to Action, 369 through 15 engagement events, 58 surveys completed, 45 of which were completed online. For a full breakdown on demographic data, please see Appendix 1.

Key themes to emerge included; access to appointments and in particular general practice; increased integration of services and keeping well and healthy.

### **3 ALTERNATIVE OPTIONS**

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

Summary of channels used:

- GP members; promotion to CCG members, Patient Participation Groups, hard copy surveys sent to practices to place in practice waiting areas for patients
- Face to face meetings; linking into existing engagement activities, events and regular meetings (see appendix 2 for engagement grid)
- Website; created an online survey (see survey questions in appendix 3)
- Social media; promotion of online survey via Merton CCG's twitter account
- Media; press releases to promote online survey sent to Wimbledon Guardian to gain media coverage to reach the wider population
- Partner channels; Merton Council, Libraries, NHS partners including all acute trusts and community services provider, Health Watch and Merton Voluntary Services Council.

### **5 TIMETABLE**

N/A

### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

As part of the South West London's strategic planning group, Merton CCG, along with the other 5 CCGs, face a shortfall of £210m over the next 5 years.

### **7 LEGAL AND STATUTORY IMPLICATIONS**

**8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION  
8.1IMPLICATIONS**

A demographic breakdown of respondents is attached to the report as Appendix 1.

**9 CRIME AND DISORDER IMPLICATIONS**

None for the purposes of this report.

**10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None for the purposes of this report.

**11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE  
PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

The Merton CCG Call to Action Report, Appendix 1, 2 & 3.

**12 BACKGROUND PAPERS**

None for the purposes of this report.

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