

A Call To Action - partnerships

National Support Centre
Regions
Area Teams
Clinical Commissioning Groups
Health and wellbeing boards



Working in partnership

- The success of the Call to Action will be based on teams across NHS England working together, and with clinical commissioning groups, so that there is:
 - A **broad base of high quality engagement** activity over the autumn, so that we have genuinely engaged local communities on how the NHS and the public can address the opportunities and challenges outlined in 'The NHS belongs to the people – A Call to Action'
 - A **critical weight of feedback** and ideas to inform (and provide public legitimacy to) our future commissioning plans and those of CCGs
 - A **clear forward direction** on how each part of the commissioning system will respond to these challenges – both in terms of immediate priorities for 14-15, and in the development of 3 to 5 year strategic plans – and how we will work with our partners nationally and locally in developing and delivering those plans
- The following slides set out broad roles for different parts of the commissioning system. These are intended to provide helpful clarity and enable successful partnership working during the 'Call to Action', whilst preserving autonomy and giving scope for local flexibility in approach.

National Support Centre

- The national support centre has an important role in:
 - supporting the overall planning and progress of the 'Call to Action' across the matrix
 - leading the planning and delivery of national events and the digital Call to Action
 - managing the relationship with national stakeholders
 - leading the production and modelling of outputs and stimuli (National resource packs) to ensure any recommendations emerging from the engagement are realistic and actionable
 - working with regions, area teams and CCGs in providing advice, tools and support, and with partners including NHS IQ and CSUs
 - capturing feedback and data to aggregate and share back with all teams
 - reporting progress to the Strategy Programme Board (a new subcommittee of the Executive Team to be chaired by Sir David Nicholson)

Regions

- The regional teams have an important role in:
 - supporting the planning and progress of 'A Call to Action' across their geographies
 - liaising with the national support centre on progress, any emerging issues and additional support needs
 - the planning and delivery of proposed regional events,
 - working with area teams so that local engagement activity builds in, and can generate, the feedback necessary to inform future directly commissioned services.
- The Strategy Unit is working with Regional Directors and their teams to explore:
 - The contribution of regions to the 'Call to Action' and management of regional activity
 - The regional support for area teams
 - Channels for gathering of intelligence and feedback
 - How the 'Call to Action' can inform future planning of regionally commissioned services
- The Regional Heads of Strategy will help to facilitate and coordinate these discussions.

Area Teams

- The area teams have an important role in:
 - working with and advising/supporting CCGs on local engagement activity and 3 to 5 year strategy development
 - working with partners to build local momentum for the 'Call to Action'
 - using the 'Call to Action' to inform future direct commissioning strategies
 - leading local activity where ATs consider this is necessary to ensure population coverage
 - sharing successes, learning and issues/risks with regions and the national support centre
- It is anticipated that Area Team Directors will be developing plans for how their ATs will support the 'A Call to Action', and how they will work with local partners. There is not a single model for this, as plans will need to be sensitive and tailored to local priorities and working arrangements with CCGs, health and wellbeing boards, and potentially with neighbouring areas.
- The Strategy Unit would welcome discussing with area teams how best local plans and national activity can align, how emerging learning can be shared, and any additional support that may be required.

Clinical Commissioning Groups

- The CCGs have an important role in:
 - Leading and/or working in partnership with other CCGs to run local engagement events (potentially with health and wellbeing boards)
 - Incorporating the 'Call to Action' as a complementary strand to existing engagement work over the autumn
 - Building momentum with local partners – e.g. health and wellbeing boards, patients' groups
 - Liaising with Area Teams for shared development of engagement work, in order for ATs to consolidate area engagement
 - Providing feedback on the progress of the 'Call to Action' in their localities
- There is not a single mandated approach to the CCG activity, as this would run contrary to the principles of the new commissioning system. CCGs have flexibility to join with ATs and neighbouring areas (providing that does not diminish the opportunities for local communities to participate) and to use the services of CSUs to manage this locally.
- The 'Call to Action' will lead to 5 year commissioning plans owned by each CCG, with the first 2 years covering hard edged commitments. The engagement phase should provide a key channel through which CCGs can test ideas and gather feedback to inform their strategic plans.
- The Commissioning Assembly will continue to be key partners in co-producing this going forward.

Health and wellbeing boards

- The health and wellbeing boards (HWWBs) have an important role in:
 - Understanding the specific communities to engage during the campaign
 - Agreeing how the £3.8bn integrated budgets will contribute towards the strategic plans
 - Ensuring community needs and requirements are covered in the plan development at a local health economy level
- There is an opportunity for health and wellbeing boards to be critical partners in the design and delivery of the call to action, in supporting the alignment of plans and encouraging the wider participation of local stakeholders.
- There is not a single approach to how this could work, but area teams and clinical commissioning groups are asked to consider how their HWWBs can be integral to this process, there is joint ownership where possible, and to ensure this is part of the dialogue with HWWBs around identifying and meeting local priorities.
- The Strategy Unit will refine further the roles and working models as we discuss with colleagues in regions and area teams, and with the Commissioning Assembly.

Discussion

- These slides have set out proposed high level roles for different partners working on the 'Call to Action', and current thinking on engagement activity and outputs.
- The Strategy Unit would welcome feedback from colleagues in regions and area teams.
- We refine further the roles and working models based on these discussions, and those taking place with the Commissioning Assembly.
- We are also discussing with the Strategy Programme Board whether it would be useful to establish a separate advisory group – or four regional groups - consisting of a number of regional and area team leads, clinical commissioning group reps, and health and wellbeing board members – to bring further local expertise and pragmatic realism to the on-going strategy programme.

National Support Centre Strategy Unit 'Call to Action' contacts for Regions and ATs:

Victoria Corbishley – v.corbishley@nhs.net

Ashley Moore – ashley.moore1@nhs.net