

The 2015 Challenge Manifesto

a time for action

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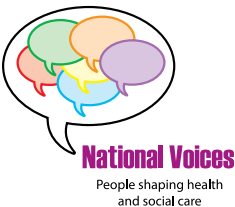
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The 2015 Challenge Manifesto: a time for action

The 2015 General Election comes at a critical time for health and care services. The pressures on the whole system have never been greater.

The **2015 Challenge Declaration** laid out the seven challenges that politicians, policymakers and the public need to address after the election: needs, culture, design, finance, leadership, workforce and technology. This powerful and comprehensive case for change was produced by a partnership of national organisations representing health and care charities, local government, communities, staff and leaders speaking with one voice. Since its publication, our partnership has grown further. We have worked together to set out in this manifesto both our vision for health and care and how this can be achieved.

We recognise that during the pre-election period, change in a politically sensitive area like health and care is difficult to achieve. After the General Election in May 2015, we hope, regardless of which party or parties form a government, to have a period in which the prevailing conditions accelerate the changes the health and care system needs to make.

The years beyond the 2015 election must be a historical turning point in the way we keep people well and how we care for people who need care.

But if the way we support healthy lives and provide care now is inadequate, what does the high-quality, compassionate health and care service we wish for ourselves and our loved ones in the future look like, and how are the many willing people trying to shape a better future going to know what they are working towards?

This manifesto is a contribution from us all to making that happen.

It sets out what we believe are the essential components of a new health and care system and how they might look and be experienced by people using and working in health and care, and the wider public.

It also sets out some shared 'asks' of politicians and policymakers that are essential to achieve this vision. We are sure these will be echoed across the system. These will not be the only asks our organisations make. The health and care system is complex and diverse and there are legitimately different perspectives on the best ways to achieve the vision. This is what makes the asks in this manifesto so powerful – if a partnership as representative of the system has been able to agree on them, we hope and believe that politicians and policymakers will take them seriously.

“The years beyond the 2015 election must be a historical turning point in the way we keep people well and how we care for people who need care.”

A health and care system fit for the future

Our future health and care system must have the following essential characteristics.

Its first priority would be to keep people as well as possible for as long as possible. Services would be reshaped around communities' current and future needs and resources, which are very different now from in past decades, and be delivered by appropriately skilled staff. Power would be shared, with individuals able to shape their care around their needs, aspirations and capabilities. The public would have a real say about their services. Care would be high-quality, compassionate and joined-up. Every organisation would strive continually to improve quality and efficiency, making full use of data and feedback, engaging staff and deploying new technologies to this end. Real and continued progress on eliminating discrimination and reducing inequalities in outcomes would be seen.

Jointly held principles and values would bind health and care together, working ever more closely as one system. These would also be shared by service users, citizens and staff. Principles and values include:

- aspiring to the highest standards of excellence and professionalism
- supporting people to manage their health and wellbeing as successfully as possible, with maximum independence and control
- working across organisational boundaries and in partnership with other organisations in the interest of patients, citizens, local communities and the wider population
- providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
- accountability to the public, communities and individuals we serve.

They are already reflected in the NHS Constitution and have informed the development of the Care Act 2014.

At an individual level, this future health and care system would mean:

- a person using services would be empowered to personalise care to their needs, aspirations and capacities – and services would work together to join up this care around them. They would be supported to stay as well as possible for as long as possible, and be pleased with their experience and outcomes
- a citizen would be supported to maintain their health, and confident they can access high-quality, compassionate, joined-up care when needed. Local leaders would engage with them to help ensure services reflect people's needs, aspirations and capacities
- all staff at every level would be developed, valued and supported to deliver high-quality, compassionate, joined-up care and work in partnership with service users. Their experience and insight would influence how care is provided and prevent failures, and they would be supported to maintain their own wellbeing.

We all – service users, families, carers, communities, staff, politicians and system leaders – would feel deeply proud of our health and care services.

Our route map to the future health and care system

We explain our vision of a new health and care system in more detail below, alongside the main things we collectively ask of politicians and policymakers in England to enable us to achieve this vision.

We need to...

support people to stay as well as possible for as long as possible

Much ill health is caused by factors like smoking, obesity and inactivity that are preventable. Too often, people who have or develop health conditions don't get the support they need to build their resilience and stay well, resulting in distressing and expensive crises.

Our starting point must be a strong, whole-system focus on supporting people to stay in good mental and physical health. Not only is this critical in its own right to improve lives, it is also crucial to the long-term sustainability of our health and care services. Making the fastest progress in improving the wellbeing of people with the greatest risk or burden of ill health must be a priority.

Prevention, health promotion, maintaining people's wellbeing and addressing the wider determinants of ill-health must be shared, fundamental priorities across not only the whole health and care system, but also the whole public sector and local and national government, working with the voluntary and community sector and business. Joined-up solutions must be adopted in every local area.

Health and wellbeing boards have a crucial role to play in ensuring all decisions about local services (including those beyond health and care) reflect local priorities for improving people's health and reducing preventable illness. The potential of national government to affect people's health, including in relation to alcohol, tobacco and unhealthy foods, is also important.

 **We ask all political parties to set out in their manifestos how they would support local efforts to reduce preventable illness and improve wellbeing.**

“Our starting point must be a strong, whole-system focus on supporting people to stay in good mental and physical health.”

We need to...

reshape care around the needs, aspirations and capabilities of people today

The way we provide care no longer meets the needs of the people we are caring for – particularly the growing number of people with multiple illnesses, whose care is too often fragmented and focused on single illnesses.

Instead, care needs to be joined up around people's needs as a whole, and maximise the capacities of individuals, families and communities. Everyone with a continuing condition must be able to plan their care with people who work together to understand them and their carer(s), give them control, and bring together services to achieve the outcomes important to them.

Many services will need to be redesigned, to deliver radically different models of care which better meet the needs of all citizens, reflect advances in care and overcome historic boundaries between organisations and care pathways which get in the way of fully joined-up care. Local leaders must work in partnership with people to reshape services, focusing on delivering the outcomes that matter to people as well as greater sustainability. They must also use the experience and insight of community and voluntary sector groups that support people's health and wellbeing.

The major changes required in many places will be tough and cannot be delivered overnight. Stability of the system's structures is important to enable change.

 **We ask all political parties to commit publicly that they will not impose another top-down structural reorganisation on the NHS, and will instead focus on enabling locally-led improvement of care.**

Each local area should adopt their own solution that works for local people's needs and uses local assets, but common characteristics would include:

- a coordinated, preventative approach to health and wellbeing as a priority
- proactive, readily accessible community-based services (including community health, primary care and social care) that work closely together to provide a high proportion of care closer to, and in, people's homes, as well as working closely with hospitals and supporting people to remain independent
- sustainable, high-quality hospitals that offer excellent acute care in specialised settings when required and work collaboratively with other providers – hospitals that are more than a building, with teams that work closely with community-based colleagues and are accessible, where appropriate, outside hospital
- urgent and emergency care delivered in a range of settings to best meet service users' needs
- sustainable, high-quality mental health services that have parity with, and work closely alongside, other services, address people's mental and physical needs in a joined-up way, and focus on recovery
- multi-professional teams that work together and communicate effectively across traditional service boundaries in order to provide continuity of care, and work in partnership with patients, service users and carers
- individuals, communities and the voluntary and community sector engaged and supported to contribute to holistic, supportive care.

Debates about change must focus on the implications for people's outcomes, experience and wellbeing, rather than on buildings and organisation charts. National and local politicians should play a leadership role in bringing this about.

Politicians must recognise that change in the way we organise care is necessary, and that this change will be driven locally and must be right for the local population.

 **We ask the next Government to avoid mandatory, 'one size fits all' models for reform.**

 **We ask all politicians, national and local, to recognise that change in the way we organise care is necessary, and to play a leadership role in ensuring debates about change focus constructively on the implications for people's outcomes, experiences and wellbeing.**

Every organisation needs to be able to plan for a sustainable future. Some NHS trusts have little realistic prospect of meeting the sustainability tests for foundation trust status, often because of long-standing sustainability challenges across their wider local health and care system that they cannot address on their own.

 **We ask the next Government and national bodies to make available a range of organisational models for providers, including small providers from the voluntary and community sector, to enable them to deliver clinically and financially sustainable services and reflect the needs and aspirations of local service users and communities. We also ask the Government to clarify as soon as possible its strategic intent for the 'pipeline' of NHS trusts still seeking foundation status.**

Service users, their families, friends and wider communities provide vital support alongside more 'formal' care, without which our health and care services could not operate. This support will be essential to the long-term sustainability of health and care.

We must value support for self-managed care just as much as we value care managed by health and care professionals. This means ensuring people with long-term conditions feel confident, equipped and supported to play a far greater role in managing their own condition(s), empowered by new technologies and professionals who work in partnership with them. Health and care organisations and staff need to feel able to trust the capacities that service users can bring. Changing skills, cultures and behaviours to enable and support self-managed care will require support.

 **We ask all parties to commit to supporting a national sector-led programme to support health and social care organisations to adopt participation, personalised care and support planning, shared decision making and supported self-management approaches for all who would benefit.**

“We must value support for self-managed care just as much as we value care managed by health and care professionals.”

We need to...

develop and support our workforce to meet future needs

New models of service will need different skills and roles across health and care. As many staff are asked to take on more flexible roles, including working more often in community settings and addressing multiple conditions simultaneously, we will need to support them to make the transition.

The future health and care system needs staff to feel valued, and equipped and supported to:

- work in partnership with the public, people who use services and their families and carers
- deliver more personalised care
- support self-management and promote independence
- work collaboratively across professional and organisational boundaries (including across health, social care and public health) and in multi-professional teams
- harness new technologies.

We also need to address shortages in the skilled people we need across the health and care system.

 **Leaders of health and care organisations must engage with staff to build trust and confidence, which in turn demonstrates staff are valued, encourages retention of skills and enhances the reputation of the NHS and social care as a great place to work.**

 **The Government should recognise the need to value, develop and support our staff. We ask that the next Government:**

- **initiates and resources a development programme that equips and supports today's workforce for the challenges of working in new ways, including working across and with different sectors and professions, engaging service users and supporting personalised care and support planning, shared decision-making and self-management**
- **helps build consensus around the expectations on the health and care workforce in providing seven-day services more widely, and provides support for making the changes required to achieve this.**

We need to...

strive to continually improve quality and outcomes

Health and care services must consistently be good enough for us and our loved ones.

Common standards and targets have a role to play in improving outcomes and reducing variation. Addressing the stark differences in people's ability to access mental and physical healthcare is one area where this approach is particularly crucial. Mental and physical health are equally important, and essentially inseparable: the physical health of someone with enduring mental ill health is just as important as the mental health of someone with a long-term physical condition.

 **We call on all parties to set out concrete plans to make mental health services as accessible to people as physical health services, over the course of the next Parliament. This must include committing to:**

- **extending rights – all mental health service users should be able to access services from a provider of their choice on the same basis as service users with physical health problems**
- **continuing to tackle stigma, including by funding the Time to Change programme over the lifetime of the next Parliament.**

However, we cannot rely on national standards and targets alone to secure consistently high-quality, compassionate care. To continually improve care and prevent failures, we also need to value and engage staff fully, establish cultures where people feel safe to report and learn from mistakes, and look to clinicians and managers to manage priorities and use data and feedback well. Transparency and accountability matter at local and national levels.

We look to politicians and national bodies to support a shift to a new way of working which focuses on improving people's outcomes over the long term and delivering compassionate care in partnership with service users, rather than being dominated by meeting short-term, process-driven targets. The outcomes that are measured and rewarded must be developed with service users to reflect what matters to them – including outcomes which can only be

delivered if services work in partnership. Nationally determined outcomes will need to allow room for local commissioners to also focus on delivering personalised outcomes developed and agreed with individuals, and to respond to community-level priorities.

Organisations need to know what they are accountable for, and this needs to be simple, consistent across the system, and measured once.

 **We call on the Government and NHS England to develop a simplified outcomes framework, with indicators that clearly align across health and social care.**

Staff at all levels must be valued and engaged, their concerns listened to, and their knowledge and experience used to continually improve care. Staff wellbeing must also be supported. This is essential for high-quality, compassionate care and will also reduce sickness absence.

The right conditions will be needed to enable technology, data and research to be used to underpin new models of care and improve quality, coordination, efficiency and people's experience. We need a culture of innovation and a good basis for investment in further research and new technologies. Digital technology has transformed many areas of our lives and now needs to be used across health and care to support our ongoing relationships with citizens and people who use our services; support teams to work together for individuals and communities; provide people with better information about their choices about their care; help them manage their health efficiently and effectively; and support independence. People should be enabled to be masters of new technologies, not slaves to unresponsive systems.

 **We call on the next Government to ensure the right conditions are in place to enable the locally led deployment of new technologies, coordinated information systems and research at pace and scale to underpin better models of care and improve quality, efficiency and people's experience.**

We need to... have adequate funding

Health and care leaders are committed to ensuring our services are efficient and deliver the best possible outcomes from the finite resources allocated.

But the health and care system cannot achieve financial sustainability without changing models of care to become fundamentally more efficient. More proactive services in community settings will be central to improved care. To deliver this, we will need to shift resources into community-based care, and tackle recognised pressures in social care, general practice and community health, at the same time as addressing risks to other services from shifting resources.

Many of the service changes we need to make will require investment, and we cannot do this without support from government.

 **We call on the next Government to generate the stability that would enable longer-term approaches to investing to achieve savings. All parties should set clear expectations on the level of health and care spend for at least the next Parliament. National bodies should be tasked with facilitating health and care organisations to take a longer-term approach to investing in service change, particularly those that require spending upfront in order to deliver savings later.**

The way commissioners currently pay for services is a barrier to new, integrated models of care, and focuses too little on measuring and rewarding people's outcomes. Urgent action is needed to remedy this.

 **We call on government and national bodies to commit to making faster progress towards new payment mechanisms that support integrated, personalised care and reward good outcomes.**

Up-front investment will be vital to support the safe transfer to new models of care. If we do not make changes now, the cost of doing nothing will be even greater in the long term.

 **We call on the next Government to put in place as soon as possible a transition fund of at least £2bn per year of new money, for two years, to help enable investment in service change.**

With demand for care rising inexorably, it is clear that the solutions identified so far cannot come close to filling the whole NHS funding gap.¹ While there is some room to improve efficiency, our health and care system is already one of the most efficient in the world.²

Social care is also under immense pressure from significant increases in demand and reductions in funding.³ Health and social care funding are two sides of the same coin: the solution is not to rob one to pay the other.

We all have a duty to be frank with the public that the health and care system cannot continue to absorb the pressures on it and deliver everything it currently does in future years without more funding.

Everyone across health and care must focus on securing the best possible outcomes for people from the resources allocated. But, ultimately, the level of resources for health and care, and the consequences of this, is a political choice.

 **We demand that the political parties recognise their accountability for the decisions they make on funding health and care adequately.**

Our commitments as health and care leaders

High-quality local leadership will be vital if we are to achieve this vision for health and care. Local leaders must ready themselves to drive the changes required, and should not wait for permission to transform services.

Leadership operates at all levels and the climate created by leaders at national level, including politicians, influences leaders at local level. A punitive environment would work against the courage and resilience local leaders will need to drive the major changes required. Politicians and national bodies must set a tone which is supportive of local leaders as they face these unprecedentedly severe challenges head on.

We are looking to politicians and policymakers to create the conditions for locally-led change. We also set out some commitments from health and care leaders in return.

Partnership working between local leaders at all levels from a wide range of health, care, public health and related organisations, focused on achieving the best possible outcomes for populations, will be essential.

 **Health and care leaders will commit to reach beyond the boundaries of their own organisations, and to work in partnership as 'place-based' leaders with shared values and a clear and shared set of priorities for population health and wellbeing outcomes.**

Service users, carers and citizens must be supported to get involved with and shape health and care decisions, and develop as leaders.

 **Health and care leaders will commit to:**

- **prioritise meaningful engagement as equals with service users and the public**
- **develop leadership roles and capabilities for local 'lay' or 'patient' leaders to help shape system transformation and service redesign**
- **work with service users, the public and community organisations in developing proposals for change, explain pros and cons clearly, and be bold.**

Equally, the views of staff must be sought, listened to and acted on. In future, more health and social care professionals should be supported and enabled to take on leadership roles, including developing proposals for service improvement, and our health and care leadership should look more like the citizens we serve: more women and BME people should be in leadership roles.

 **Health and care leaders will commit to ensure care benefits fully from the huge value that staff commitment brings. This means:**

- **ensuring staff are developed and supported, feel respected and can influence their job**
- **seeking and responding to staff feedback.**

The time for action on health and care is now

Words alone will not make a reality of this vision for a modern, high-quality, compassionate, personalised health and care system. We have set out our shared asks that are essential to achieve the vision. What we need now is action.

Strong leadership will be required at all levels, from national government to the staff and service users at the front line of day-to-day care.

Our organisations commit to continue working with each other to highlight the changes required, and with those we represent to enable local leaders to sustain and reinvigorate health and care.

Leaders at all levels of health and care need to drive changes to services locally, working in partnership with each other, staff, service users and communities to reflect local needs, aspirations and assets.

Government and national bodies must also do the things that only they can do to create the conditions to enable successful, locally led change.

As the 2015 General Election approaches, the national political parties must not be silent on the challenges which face the health and care sector. Our organisations demand that the parties commit ahead of the election to delivering on these shared asks, which are essential to secure the services we wish for ourselves and our loved ones in the future.

To join the conversation,
email **2015Challenge@nhsconfed.org**
or on Twitter use **#2015Challenge**

Appendix: The 2015 Challenge Summary Declaration

The 2015 Challenge Declaration set out seven challenges facing the health, care and wellbeing system.

- **The need challenge**
Meeting the rising demand for care, particularly from people with complex needs or long-term conditions, while maintaining people's wellbeing and preventing ill health for as long as possible.
- **The culture challenge**
Building confidence in the health service by achieving a fundamental shift in culture from the bottom up. Creating a more open and transparent NHS, which enables patients, citizens and communities to be partners in decisions, and staff to improve care.
- **The design challenge**
Redesigning the health and care system to reflect the needs of people now – and so that it remains sustainable in the future. Shifting more care closer to people's homes, while maintaining great hospital care. A focus on joining up all parts of the health and care system so care revolves around the needs and capacities of individuals, families and communities.
- **The finance challenge**
Recognising the financial pressures on all parts of the system and squeezing value from every penny of public money spent on health and care. Debating honestly and openly the future levels and sources of funding of health and social care.
- **The leadership challenge**
Creating value-based, system leaders across the NHS and empowering them to improve health and wellbeing for local people. Supporting these local leaders to work in partnership with a wide range of health, care and related organisations to address the 2015 Challenge, involve patients and citizens as leaders, and have the resilience to make the biggest changes in the recent history of health and care.
- **The workforce challenge**
Planning for a workforce to better match changing demand. Developing staff roles and skills to provide complex, multidisciplinary, coordinated care, in partnership with individuals and communities and more often in community settings.
- **The technology challenge**
Using technology to help transform care and enabling people to access information and treatment in a way that meets their needs. Spreading innovation to improve the quality of care while responding to the financial challenge facing the NHS and care system.

References

1. Nuffield Trust (2012) *A decade of austerity?* p11: "Taken together, however, releasing savings and managing demand related to chronic conditions will still not be sufficient to close the funding gap if funding is frozen in real terms after 2014/15."

See also Monitor (2013) *Closing the funding gap*, which identifies that the potential savings from changes to services could save from £10.6bn to £18bn of the £30bn funding gap.
2. A recent Commonwealth Fund survey of 11 nations' health systems found the UK system to be the most efficient. See Commonwealth Fund (2014) *Mirror, mirror on the wall, 2014 update: how the US health care system compares internationally*.
3. National Audit Office (2014) *Adult social care in England: overview*, highlights rising care needs, a fall in spending on adult social care of 8 per cent in real terms between 2010/11 and 2012/13 and projections this will continue, and found that: "Departments do not know if we are approaching the limits of the capacity of the system to continue to absorb these pressures."

Further information

The Academy of Medical Royal Colleges
www.aomrc.org.uk

The Association of Directors of Adult Social Services
www.adass.org.uk/home

Age UK
www.ageuk.org.uk

The Association of Directors of Public Health
www.adph.org.uk

Asthma UK
www.asthma.org.uk

British Heart Foundation
www.bhf.org.uk

The Chartered Society of Physiotherapy
www.csp.org.uk

The College of Emergency Medicine
www.collemergencymed.ac.uk

Faculty of Medical Leadership and Management
www.fmlm.ac.uk

The Foundation Trust Network
www.foundationtrustnetwork.org

Healthcare Financial Management Association
www.hfma.org.uk

The Institute of Healthcare Management
www.ihm.org.uk

The Local Government Association
www.local.gov.uk

Macmillan Cancer Support
www.macmillan.org.uk

National Voices
www.nationalvoices.org.uk

The NHS Confederation
www.nhsconfed.org

The Royal College of General Practitioners
www.rcgp.org.uk

The Royal College of Nursing
www.rcn.org.uk

The Royal College of Physicians
www.rcplondon.ac.uk

The Royal Society for Public Health
www.rsph.org.uk

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NHS Confederation

50 Broadway London SW1H 0DB

Tel 020 7799 6666

Email enquiries@nhsconfed.org

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