

BOARD PAPER - NHS ENGLAND

Title: *NHS Five Year Forward View: Strategy towards New Relationships with Patients and Communities*

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Purpose of Paper:

To provide an update on the following activities relating to the delivery of *NHS Five Year Forward* commitments towards a new relationship with patients and communities.

- NHS Citizen.
- Friends and Family Test.
- Patients Online.
- Integrated Personal Commissioning, Personal Health Budgets. Realising the Value and Volunteering.

Actions for the Board:

- NHS Citizen: to consider the invitation to individual Non-Executive Directors to join the task and finish group agreed at the November Board meeting, to be chaired by Lord Victor Adebawale;
- To agree a progress and review session for NHS Citizen and Board members as part of a Board Development meeting.
- Friends and Family Test: to note achievement against actively providing all patients with the opportunity to give feedback.
- Realising the Value: to assess progress with this new programme of work to support patients and communities to manage their own health and care.
- Volunteering: to note a new forthcoming joint publication with Public Health England (PHE).
- Memorandum of Understanding (MoU) with Healthwatch England (HWE): to authorise entry into the MOU to formalise the existing working arrangements between NHS England and HWE.

NHS Five Year Forward View: Strategy towards New Relationships with Patients and Communities

Introduction and Context

1. The *NHS Five Year Forward View* set outs how the health service needs to change and argues for a more engaged relationship with patients and communities. It identifies a number of commitments to empower patients and engage communities. This paper aims to provide an update on the following activities which relate to delivery of these commitments:
 - NHS Citizen
 - Friends and Family Test (FFT)
 - Patients Online
 - Integrated Personal Commissioning, Personal Health Budgets, Realising the Value and Volunteering

NHS Citizen

2. The *Forward View* makes a commitment to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services. The NHS Citizen programme is a vehicle for this and, at the November 2014 NHS England Board meeting, members formally agreed to implement the NHS Citizen approach to citizen participation in NHS England.
3. The Board paper that was submitted and discussed at the meeting said: “We now need to ensure NHS Citizen is a core part of the way NHS England enables public participation and ensure that it is supported, without seeking to control, to make the step change in public involvement.” There was agreement to set up a ‘task and finish’ group, led by Lord Victor Adebawale, to work with NHS Citizen and others on resolving how NHS England can be an ‘exemplar’ for public participation in NHS decision making. We ask the Board to note that we are now seeking volunteers from NEDs to be members of the task & finish group.
4. In addition to this we now need to agree a six month progress and review session that will bring Board members together with NHS Citizens to identify what progress has been made on the issues discussed at the September 2014 Assembly and to understand the work underway in local areas developing local responses the NHS Citizen model.
5. We propose that this is held as part of the Board Development session in March 2015. This will fulfil our commitment for the full Board to engage directly with citizens biannually, and will helpfully inform early thinking of the ‘task and finish’ group. Subject to the Board’s agreement more detailed proposals will be developed.

6. Over the next few months we will be taking forward ways to embed the NHS Citizen approach and methods in the development of new models of care. This needs to put citizens, as assets and experts, at the centre of the design process so connecting these vital programmes of work will help us to create the conditions for this to happen. A key test of the new models of care will be how engaged and connected citizens feel to the model.
7. NHS Citizen is currently developing the technical prototype which will enable citizens and staff to get involved in the improvement of NHS services and support. We will work with the vanguard areas, to connect with a diverse range of citizens, moving towards a model that is locally owned and driven.

Friends and Family Test (FFT)

8. Since the introduction of the FFT in April 2013, we have now had over 4.6 million responses from patients using A&E, inpatient and maternity services. We believe that we will reach over 5 million responses with the next tranche of data to be published at the end of January.
9. Recent expansions in the use of FFT mean that it is now operational in GP practices, community services and mental health services in England, and from April it will be in use in dental practices, outpatient departments and day case services, “see and treat” ambulance services and patient transport services and, subject to consultation, dental practices.
10. The recent expansion in the availability of FFT is not just limited to settings but also refers to who we are listening to. In all these new areas, children can participate in the FFT from day one, and they will be able to give their FFT feedback in inpatients and A&E departments from April. We have also done considerable work to ensure that our guidance includes advice on how patients who might have other types of communication needs may also be able to give their feedback through the FFT - people with dementia, people who are deaf, blind or deafblind; people who have learning disabilities, reading difficulties, or whose first language is not English.
11. The review conducted by NHS England has provided clarity of purpose for the FFT showing that the key strength of the data is measuring for improvement whilst the more traditional surveys provide the comparable data that the system needs to monitor performance over time. As a result of the FFT review we now also publish our FFT results in percentages, which is a much more understandable measure for patients when looking at the results on NHS Choices.
12. Another change in the FFT guidance that we have put in place is that the follow up free text question is now mandatory. The real strength of the FFT lies in the rich qualitative feedback that patients give. The majority of the time, this feedback is hugely positive and has been of real value to staff that give great care every day, giving a real morale boost to the NHS which has in turn increased the appetite to hear from patients. We have found that patients do give honest, real-time feedback, which when looked at, often in conjunction

with other data sources, can lead to small but significant improvements in patient care. Improvements such as:

- a) introducing a patient passport to support communication with patients when planning discharge from community hospital after suffering a fractured neck of femur;
- b) improving A&E waiting areas so that children and young people feel safer in what can be a hostile environment;
- c) letting patients know when drug rounds have taken place, in case they were not on the ward at the time;
- d) introducing a plan for the day so that patients know what to expect over the course of the day;
- e) giving maternity care assistants additional training so that more new mothers can be supported with breastfeeding on the post natal wards;
- f) purchasing tinted drinking glasses so that people with visual impairments can see them more easily; and
- g) the recruitment of a physical health nurse to work within an adult mental health unit.

Patients Online

- 13. The Patient Online programme supports the implementation of online services for patients in general practice as stipulated in General Medical Services / Personal Medical Services 2014-15 contracts: booking of appointments online, ordering of repeat prescriptions online, and access to summary information online (as a minimum). This is an initial step on the journey of offering comprehensive digital services to patients and the public. Its main aim is to empower patients to take greater control of their health and wellbeing by increasing online access to services.
- 14. Latest figures demonstrate significant progress for appointment booking and prescription ordering:
 - a) 91% of patients are registered with general practices that offer the ability to book or cancel appointments online, up from 64% at the same point in the previous year;
 - b) 88% of patients are registered with general practices that offer the ability to view or order repeat prescriptions online; from 64% at the same point in the previous year;
 - c) Preliminary figures for December 2014 indicate a step change in practices offering online access to records with 34% of patients registered with practices that offer access to records compared with 3% at the same point in the previous year.
- 15. Online booking of appointments and ordering of repeat prescriptions are becoming embedded in the way practices offer services. Access to records is yet to become the norm and a number of anxieties expressed by the GP profession remain.

16. We are doing everything possible to ensure that 95% of practices will be offering these services by end of March 2015. The programme team working with the Royal College of General Practitioners (RCGP) has published a suite of resources and is providing clinical and operational support to practices on the ground. This work is complemented by an embedded Patients Working Together Group that provides patient perspective and challenge. The intention for 2015-16 and beyond is to focus on active promotion to patients and the public using a variety of means and channels that take account of local circumstances and cultures. For patients, this will mean a much greater uptake of online appointment booking and prescription ordering services and, particularly for those patients that have long term or complex conditions, the opportunity to take more responsibility for managing their health through having access to detailed information (where it is held in coded form) such as problems, test results (after review), immunisations, consultations, care plans, etc.

Integrated Personal Commissioning

17. The *Forward View* makes a commitment to increase the direct control patients have over the care and support they receive through Integrated Personal Commissioning (IPC). This will aim to create a new voluntary approach to blending health and social care funding for individuals with complex needs focusing on what matters to them. As well as person-centred care and support planning and voluntary sector advocacy and support, IPC will provide an integrated, “year of care” personal budget that will be managed by people themselves or on their behalf by councils, the NHS or a voluntary organisation.
18. Sites have now been selected and will submit detailed plans for their local programme by March 2015. A delivery support programme is being developed which will build on programmes already underway such as the Personal Health Budget (PHB) and Year of Care Commissioning Programmes. A programme board, jointly chaired by NHS England and the Local Government Association (LGA) has been established and has met twice and a series of task and finish groups are being established to look at national policy/operational issues.

Personal Health Budgets

19. Good progress is being made towards the implementation of PHBs for people receiving NHS Continuing Healthcare. All Clinical Commissioning Groups (CCGs) have signed up to NHS England’s support programme and as of September 2014, nine out of ten CCGs were in a position to deliver PHBs locally.
20. The 2015/16 planning guidance sets an expectation that CCGs lead a “major expansion” of PHBs. They should plan to expand personal health budgets and joint PHBs across health and social care for people with learning disabilities who have complex needs, in line with Sir Stephen Bubb’s review, and children

with special educational needs and disabilities as part of their integrated education, health and care plans.

21. CCGs will have the flexibility to plan to introduce PHBs at a pace and scale that meets their local circumstances. Evidence suggests that people with higher levels of need benefit most from PHBs. This could equate to around 1 - 2 in 1,000 people (0.1 - 0.2% of the population) but the numbers will vary from area to area depending on local demographics. The delivery team will provide support to CCGs as they develop the local capacity and capability to implement PHBs in line with the *Forward View* and planning guidance.

Realising the Value

22. The *Forward View* makes a specific commitment to do more to support people to manage their own health, working with the voluntary sector partners to invest significantly in evidence-based approaches such as self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge.
23. We will support this commitment and fundamental shift in commissioning and practice, through the Realising the Value programme, which will aim to:
 - a) demonstrate the value of individuals and communities in their own health and care across three dimensions: mental and physical health and wellbeing; NHS sustainability; and wider social value;
 - b) model the impact of key evidence-based approaches and develop tools to support implementation;
 - c) promote culture change by creating tools and training packages to support individuals, communities and clinicians;
 - d) align the system by identifying key outcome measures, levers and incentives to promote a more engaged relationship with individuals and communities; and
 - e) bring this together by creating a model to support change locally which has been developed and refined in local health economies.
24. This programme will be grant funded, and is due to run from Feb 2015 – June 2016. We ask the Board to note this new programme of work.

Volunteering

25. The *Forward View* makes a specific commitment to develop community volunteering. It states that “we support the NHS going further, accrediting volunteers and devising ways to help them become part of the extended NHS family as partners with skilled staff”.
26. As a first step, this February, we will publish a report on Community-Centred Approaches for Health and Wellbeing, developed in partnership with PHE. This report, which will also support the Realising the Value programme, shows that the NHS has a vital role to play in building confident and connected communities. It draws together evidence and learning across a

family of approaches, including community volunteering. While many citizens already make an active contribution the report highlights that more can be done to realise the full potential of communities. We ask the Board to note this forthcoming joint publication.

27. Following publication of the *Forward View*, voluntary and community sector groups have welcomed its proposals on volunteers and have expressed a strong desire to play a key role in delivering its commitments. Working with this group of partners, NHS and local Government partners we will develop opportunities for enhancing the impact of volunteers and lay people, including by strengthening support and training, better matching of people to opportunities and steps to raise the status of volunteering.
28. Work with key partners, including Step Up To Serve and Community Service Volunteers (CSV), to better understand and promote opportunities for youth social action in the NHS and Care sectors is already underway. We will build on the excellent volunteer management practice already in the NHS to better embed the potential for volunteers contributions to improve patient experience and outcomes. A full programme of work to fully realise the contribution and potential for volunteering and social action, including measures of success, will be developed and agreed with partners over the next three months.

Memorandum of Understanding with Healthwatch England

29. NHS England and HWE share a common goal of ensuring that the interests of consumers are at the heart of everything we do. The MoU seeks to formalise the existing working relationships between the two organisations and support our shared purpose of improving health and wellbeing outcomes for consumers, including patients, carers, families and communities.
30. The shared approach for working together will be characterised by openness, transparency, information sharing and timely engagement on issues of mutual interest and importance and will sit alongside the other MoUs and partnership agreements that both NHS England and HWE have in place with other partners in the health and social care system.
31. This document is not legally binding and cannot constrain either organisation in exercising their respective roles and responsibilities as directed by the Secretary of State will be reviewed annually and may be revised sooner if both organisations agree that this is necessary.
32. A copy of the MoU is available in Annex A. Following the Board's authorisation to enter into this MOU by the Board on the 29 January it will also be considered by HWE at their Board meeting in February.

Tim Kelsey
National Director Patients and Information

1. Joint Statement

NHS England and Healthwatch England share a common goal of ensuring that the interests of consumers are at the heart of everything we do. Through this memorandum of understanding, we agree to work together and to challenge each other when necessary. This will support our shared purpose of improving health and wellbeing outcomes for consumers, including patients, carers, families and communities.

The shared approach for working together will be characterised by openness, transparency, information sharing and timely engagement on issues of mutual interest and importance.

This agreement will sit alongside the other memorandums of understanding and partnership agreements that both NHS England and Healthwatch England have in place with other partners in the health and social care system.

This document is not legally binding and cannot constrain either organisation in exercising their respective roles and responsibilities as directed by the Secretary of State.

2. Roles and Responsibilities

NHS England

NHS England is an independent non departmental public body. NHS England's overarching role is to ensure that the NHS continuously improves outcomes for patients within the resources available. It fulfils this role through its leadership of the commissioning system.

Working in partnership with Clinical Commissioning Groups (CCGs) and other stakeholders it secures better outcomes for patients; promotes the rights and standards guaranteed by the NHS Constitution; promoting equality, reducing health inequalities and ensuring that the health and social care system operates within the resources available.

The NHS commissioning system requires NHS England to provide national consistency in areas like quality, safety, access and value for money whilst promoting the autonomy of CCGs to make decisions that are in the best interests of their community.

NHS England directly commissions some NHS services including specialised services, primary care services, healthcare for people in the justice system and services for members of the armed forces and public health services.

Healthwatch England

Healthwatch England was established in accordance with section 181 of the Health and Social Care Act 2012 with the purpose of acting as an effective, independent consumer champion making demonstrable differences to consumers of health and social care.

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body. Healthwatch England provides leadership and support to the network to help ensure that each local Healthwatch has a positive impact on local services. The network is strongest working together to share information, expertise and learning in order to improve health and social care services. The vision is working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this will mean that: people shape health and social care delivery; people influence the services they receive personally; people hold services to account.

As the consumer champion for health and social care, Healthwatch England: listens hard to people, especially the most vulnerable, to understand their experiences and what matters most to them; influences those who have the power to change services so that they better meet people's needs now and into the future; empowers and informs people to get the most from their health and social care services and encouraging other organisations to do the same; and works with the Healthwatch network to champion service improvement and to empower local people.

3. Shared Purpose

Our shared purpose is to secure the best possible health outcomes for consumers, patients and the public, with a particular focus on the most vulnerable.

We will work together to share intelligence and insight that help ensure people who use services are properly informed and to assist communities in championing improvements to their local services. In particular, we will focus on:

- The importance of the consumer voice as a signal of quality and safety;
- The need to shape services around people's needs; the need to involve people in decision-making about the services they personally receive and those that are provided to their local communities;
- The flow of intelligence and insight between both organisations that lead to improvements;

- Ensuring effective commissioning which takes into account local communities and the overall health needs of the community; and
- Working to secure appropriate responses to concerns and complaints.

4. Our approach to joint working

NHS England and Healthwatch England commit to transparent and open communication between our two organisations to support and oversee joint working.

a) Ways of Working

- Strategic - the organisations will work together to support each other in meeting our respective strategic objectives;
- Operational - the organisations will develop clear approaches to dealing coherently and effectively with a range of operational matters; and
- Cultural - the organisations will seek to promote common values, based on those in the NHS Constitution, and constructive behaviours.

b) Style and Behaviours

Where no legal constraints exist, the overarching approach to operational working will be characterised by:

- Openness and honesty;
- Transparency;
- Understanding of respective statutory roles, duties and powers, recognising the need to work collaboratively as well as individually;
- Engagement on issues of mutual interest and importance, including joint learning and development;
- Early and pro-active information sharing at a local, regional and national level.
- Trust: providing and being open to challenge; and
- Ambitious for patients and the public with a focus on ensuring the best possible outcomes.

c) Delivering Joint Priorities

Practical working arrangements

To maintain an effective working relationship, NHS England and Healthwatch England will ensure there is regular contact and close working. Together, we will work to ensure the local Healthwatch network is engaged with NHS England local

area teams and work to identify areas of challenge and best practice in local working arrangements. Together we will determine how best to provide support and information to the network about major changes in policy and practice.

NHS England is working on how the rights set out in the NHS Constitution can be turned into tangible behaviours and actions. This is linked to work that Healthwatch England is conducting regarding consumer rights in health and social care.

Statutory consultations

Healthwatch England is a statutory consultee of the Department of Health on changes to the NHS Mandate which sets the frame for NHS England's priority areas of work.

Healthwatch England has a power to provide NHS England with information and advice on:

- a) The views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services, and
- b) The views of Local Healthwatch organisations and of other persons on the standard of provision of health and social care services and on whether or how the standard could or should be improved.

When Healthwatch England provides NHS England with advice and information, NHS England must inform the Healthwatch England Committee in writing of a response or a proposed response to the advice.

Further, NHS England must consult the Healthwatch England committee before it publishes guidance for clinical commissioning groups on the discharge of their commissioning functions (or revised guidance that NHS England considers significant).

5. Reviewing this agreement

This memorandum of understanding will be reviewed annually and may be revised sooner if both organisations agree that this is necessary.