NHS England

Realising the Value:
A New Relationship with Patients and Communities

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Description	This sets out a programme of work to create a health system that focuses on the needs of individuals and builds on the assets of communities. NHS England is seeking national and local partners to apply for a grant to work in partnership with NHS England to deliver this programme of work.
Cross Reference	NHS Five Year Forward View
Superseded Docs (if applicable)	N/A
Action Required	Organisations may wish to apply for this grant
Timing / Deadlines (if applicable)	**Deadline for applications: noon on 9 Jan 2015**
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Document Status

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Realising the Value: A New Relationship with Patients and Communities

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Classification: Official

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1 Background to NHS England

1.1 The main aim of NHS England is to improve the health outcomes for people in England. Placing patients and the public at the heart of the NHS, and everything we do, is central to achieving this ambition. Our work aims to support the NHS to be open, evidence-based and inclusive; we will do this by being transparent about the decisions we make, the way we operate and the impact we have.

1.2 Grounded in the values and principles of the NHS Constitution, we are an organisation which shares ideas and knowledge, successes and failures, and listens to people carefully and thoughtfully.

1.3 NHS England's vision is that 'everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.'

1.4 NHS England is committed to achieving this by supporting individuals and communities to have the knowledge, skills and confidence to manage their own health and care. This is a key aim of the work programme described in this document.

1.5 For further information about NHS England please visit our website: **http://www.england.nhs.uk**.

2 Background to the requirement

‘‘One of the great strengths of this country is that we have an NHS that - at its best - is ‘of the people, by the people and for the people’. Yet sometimes the health service has been prone to operating a ‘factory’ model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and under-developed advocacy and action on the broader influencers of health and wellbeing. As a result we have not fully harnessed the renewable energy represented by patients and communities…’’ (NHS Five Year Forward View)

2.1 The NHS Five Year Forward View (FYFV)**,** published earlier this year, sets out how the health service need to change, arguing for a new relationship with patients and communities.

2.2 In particular, the FYFV makes a specific commitment to do more to support people with long term conditions to manage their own health and care. With help of voluntary sector partners, it signals the need for significant investment in evidence-based approaches such as group based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge. Digital technology will also have a role to play here.

2.3 To support delivery of this commitment, NHS England wishes to commission a new programme of work to help strengthen the case for change, identify a set of evidence-based approaches and develop tools to support their wider implementation across the NHS and local communities.

2.4 This work will build on and inform our existing programmes including the recently launched Integrated Personal Commissioning Programme.

3 Scope

3.1 To make progress towards this aim, we believe that five components are needed, which together form the broad scope and objectives of this work:

- **To demonstrate the value of individuals and communities in their own health and care.** Value will be considered in three dimensions: mental and physical health and wellbeing; NHS sustainability; and wider social value.

- **To model the impact of key evidence-based approaches and develop tools to support implementation.** This will consider the impact of a prioritised set of approaches such as self-management educational courses, peer support and social prescribing on a range of outcomes, including addressing health inequalities. This will also consider the impact digital tools and enablers.

- **To support culture change**. A common theme emerging from implementation studies is that there are social and psychological challenges – change cannot be brought about by bolting on; this requires *a fundamental reframing of clinicians' and patients' roles and health service activities*[1]. This is very difficult. It means a sharing in power and responsibility between professionals and people – a major change which has not yet been achieved. This work will consider practical steps to overcome these barriers and develop tools to support culture change.

- **To align the system and measure what matters.** This work will aim to provide an assessment of system change levers and drivers including: outcome measures; levers and financial incentives; and practical steps for transitioning towards new models of care and provider mix.

- **To bring this together to effect change locally.** Change will depend on local action and social innovation in partnership with local communities. This work will aim to provide a model to support change locally, that has been developed and refined across 2-3 local health economies.

[1] Evaluation of MAGIC Co-creating Health programme Phase 2: Sustaining and spreading self-management support, The Health Foundation, Sep 2013.

4 Key Deliverables

4.1 The format of the final outputs is not prescribed; however, this work will deliver:

I. A clear and creative articulation of the value of individuals and communities in their own health and care in England, building on the existing evidence and research, including:
- baseline population estimates by patient activation level;
- estimates of the relative value in terms of mental and physical health and well-being, health care costs and social value;
- creative communication of this value to different audiences, including commissioners, health and care professionals and individual/communities themselves – using qualitative and quantitative approaches.

II. An economic model to estimate the impact of a prioritised set of evidence based approaches, at national, local and individual levels, including:
- a brief overview of the existing evidence base;
- accessible case study analyses of the impact of key approaches across the three dimensions of value - for different scenarios, assumptions, timeframes and populations (including where possible, people at different activation levels). Models should explicitly indicate levels of uncertainty;
- practical tools to support their implementation.

III. Innovative tools/training packages to support culture change, for both health and care professionals and individuals and communities themselves, underpinned by behavioural psychological techniques.

IV. An assessment of system change levers and drivers including :
- outcome measures;
- financial levers and incentives; and
- practical steps for transitioning towards new models of care/and new voluntary and community services provider mix.

V. A model to support adoption and spread locally, that has been developed and refined with 2-3 health economies.

5 Bidding and Partnership Working

5.1 NHS England is making a substantial grant available to support this work – of up to £500,000. NHS England is seeking bids from organisations or partnerships who share NHS England's key aims in this work. In making this grant available, NHS England wishes to invest in national and local partners who are working in this field, and seeking to increase social value with their work. NHS England particularly seeks partners who can co-produce this work, bringing experience and innovation to this project, to help achieve shared aims of building the capabilities of individuals and communities in managing their own health and care, with all the attendant benefits to individual, society and the NHS.

5.2 This work will require expertise in a number of different areas, including knowledge of national policy, subject matter expertise, commissioning practice and local delivery. For this reason the successful bid will need to demonstrate an ability to bring relevant partners into this project to share expertise and knowledge in this area.

5.3 This work should be supported by a stakeholder group which represents the breadth of interest and expertise in this area including commissioners, providers, think tanks and academics in the field. Bids should set out proposals for building consortia, engaging with partners and stakeholders, and managing governance for this work.

5.4 It is expected that the fifth deliverable will be led by a local organisation or organisations who will work in partnership on this project. For this reason, we are not being prescriptive about the form of bids; organisations can bid for all or part of this work, bids from consortia will be welcomed, as will connected bids from organisations wishing to split the work between them. The partners involved will be expected to work together to agree an approach and to collaborate closely with NHS England on this project.

5.5 The outputs of this work need to be usable and presented in a way that any stakeholder can understand, so materials can be reused without alteration. The format of these will be developed in discussion with NHS England during the course of the project.

5.6 The supplier will ensure that expertise and learning, including covering the economic modelling, is transferred to in-house staff. The NHS England Chief Analyst team will be included in the development of the work to ensure that expertise, where helpful, is transferred to NHS England analysts.

5.7 NHS England will own the Intellectual Property Rights (IPR) associated with the all the outputs, and allow these to be used across health and social care settings.

6 Governance and Reporting

6.1 The senior responsible owner and executive of this programme will be Giles Wilmore, Director of Patient and Public Voice & Information.

6.2 In delivery of the outputs the supplier will work closely with the P&I directorate and with identified overall and programme specific leads.

6.3 The supplier will provide weekly headline updates on progress towards completion, to a template agreed with NHS England.

7 Timescale

7.1 The work is planned to commence by January/February 2015 and will aim to be completed by the end of June/July 2016. There will be an interim key milestone in Spring/Summer 2015 when we will look to publish outputs from the first two deliverables. At this point there will also be a review discussion with NHS England on the direction of the work and detailed plans for delivering objectives three, four and five. There is considerable interplay between the key deliverables, and the partners will need to work together to ensure that outputs are delivered to a timetable which enables co-production and testing of proposals.

7.2 The timeframe will be discussed further in supplier presentations, which should propose indicative timescales for interim milestones and completion of the project.

8 Skills and Experience

8.1 As indicated above, the successful bid will need to demonstrate the ability to provide expertise in the following areas (either as individual organisations or with partners bringing different expertise to the work):

- ability to complete rapid literature reviews and consult with other researchers to gain an overview of available evidence and to identify potential parameters for modelling;

- proven expertise in health economics, specifically, the ability to use available data to model the impact of approaches / interventions in terms of the three dimensions: health and well-being; financial savings; and added social value.

- proven track record of working with all players in the health system in order to effect culture change across providers, commissioners, workforce, patients, etc;

- experience in developing innovative tools/training to support culture change based on behavioural psychological techniques;

- the ability to work with national and local decision makers, expertise in healthcare systems, and all levels of the NHS Commissioning system (including an understanding of the levers and incentives of that system);

- strong track record of forming partnerships with world class academics, think tanks and leading subject matter experts;

- strong track record of working outside across the whole of England, covering the full diversity of communities and settings;

- experience in developing, testing and delivering new models of care and social innovation, grounded in co-production with local communities; and

- experience working across local health and care economies, including working with the wider factors that affect health and wellbeing, individuals from local communities, as well as involving those who experience most disadvantage.

9 Location

9.1 NHS England's national support centre is based at Quarry House, Leeds with additional offices at Skipton House, London. The successful applicant will need to be able to attend either office location for ongoing engagement throughout the project.

10 Applications

10.1 Representatives of organisations interested in this work are invited to attend an open discussion of the project's aims and deliverables, which will also include a chance to network with other organisation who may be interested in entering into partnership to work on this project. This discussion will be held on the afternoon of 8th December – places will be limited, so please contact Shamila Kafait (**england.patientsincontrol@nhs.net 0113 8251324**) if you would like to attend.

10.2 Applicants are required to submit a brief written application by noon on 9th January, summarising their proposed approach to this work. Applications should briefly set out an approach to undertaking this programme, producing the key deliverables and demonstrating the required skills / experience. Applications should be upto 1,500 – 2,000 words.

10.3 As a grant, this work can only be awarded to a not-for-profit organisation, if you are in any doubt as to whether you can apply, please contact Shamila Kafait (england.patientsincontrol@nhs.net). Applications should include hard copies or links to the organisation's last three year's accounts (not included in word count), for financial suitability checking, which is required as part of the grant making process. In addition, it would be helpful if applicants are able to provide references for any grants that they have recently received from public sector bodies.

10.4 Applications should be sent to Yvette Soukal (yvette.soukal@nhs.net) at:

NHS England
7E46 Quarry House
Quarry Hill
LS2 7UE

10.5 Applications will be shortlisted according to proposals to deliver the objectives of the project, demonstrated experience / skills and financial suitability. Shortlisted applicants will then be asked to present their proposals to NHS England, which will form a part of the grant process, on 20th January.

10.6 The bid team should be prepared to present to NHS England according to the following agenda:

Agenda Item	**Time**
Set up and Introductions	5 Minutes
Presentation on the proposal, including: • The approach to the work, including plan and execution for undertaking the key deliverables; • How it meets the skills and experience requirements; • Identified risks and challenges of implementation of approach. • Timetable and Cost	20 Minutes
Questions and Answers	20 Minutes

10.7 Final decisions as to the award of the grant or grants will be based on written applications and presentations; applicants will be informed as soon as possible.

11 Supporting Documents

NHS Mandate: http://mandate.dh.gov.uk/
NHS England website: http://www.england.nhs.uk
Transforming Participation in Health and Care: http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf
NHS Five Year Forward Views: http://www.england.nhs.uk/2014/08/15/5yfv/