

17 November 2011

Dear Secretary of State,

On 18 August, the Prime Minister announced that the NHS Future Forum would commence a new phase of engagement. We were asked to consider key questions relating to the implementation of the new healthcare system, focusing on four important themes: education and training, information, integrated care, and the NHS's role in improving the public's health.

When we produced our first set of reports earlier this year, we hoped that our advice and recommendations would help the NHS to move forward and refocus its efforts on delivering excellence in patient care and building an NHS fit for the future. From what we have heard so far in this new phase of our work, it is clear that attention is now shifting towards the successful implementation of the changes to the healthcare system.

We have already met with thousands of people at hundreds of meetings and events around the country. People are engaging with us constructively about the practical challenges associated with implementing the reforms. We are also hearing exciting and innovative ideas about how the new system can be harnessed to deliver better patient care. We are still collecting together these views across the four themes and will produce our full advice to you in due course.

However, the purpose of writing to you now is to present some interim findings and advice on information, integrated care and the NHS's role in improving the public's health, to feed into documents which we understand the Department will shortly publish. As the subject of education and training will not feature in these forthcoming publications, we are not providing any interim advice on this aspect of our listening. Our report on education and training will, however, be published alongside the full reports of the other three workstreams.

This letter is not, therefore, intended to summarise the full range of views we have heard so far or indicate what our final reports to you will cover. The final reports will provide a more complete picture of the feedback we have received and may expand on the themes in this interim letter.

Information and integration

We understand that, before the Forum presents its full advice to you, the Department of Health will publish the 2012/13 Operating Framework for the NHS. We have heard many important messages in our engagement so far, and we highlight some below that we believe could usefully be reflected in the forthcoming 2012/13 Operating Framework and accompanying guidance.

Information

Good information, well used, is a vital component of improving health, well being and quality of care. The final report from the NHS Future Forum will influence the Department of Health's planned Information Strategy. However, in advance of that **we would encourage the Department of Health, through the publication of the 2012/13 Operating Framework, to ensure that the importance of information is emphasised to the NHS for next year.**

Information for patients, service-users and carers is an integral part of care. Alongside suitable support, this will empower patients, allowing them to take more control of their health and to improve self-care. The default position should be that information about the performance of health and social care services is put in the public domain transparently and in a useable and understandable form.

The collection and use of data to enable those designing and running services to understand how well they are doing, tackle underperformance, and drive improvements in quality is also essential. Data collection should be embraced as being integral to care, rather than a bureaucratic burden. **Patients must have better on-line access to services and to their health and care records, including making use of the Summary Care Record. We would hope to see significant progress on this over the next year.** We are aware that a very significant proportion of information systems currently used by general practice can already deliver this. Furthermore, data about a patient or service user should – with their consent and with the right safeguards – be shared between all the organisations involved in caring for that person. The NHS number must be used to facilitate this.

Integration

We have been heartened to hear from many localities across the country who are already re-designing their health and care services to integrate better around individuals and their families' needs. We have also heard that there are incentives within the current system that can make it more difficult to introduce these new models of integrated care, including tariff and other financial flows.

We would therefore encourage the Department of Health, through the publication of the 2012/13 Operating Framework, to ensure that these incentives can be better aligned to promote integrated care, for example through continuing to make available the option for local partners to agree the use of tariff 'flexibilities' which could include varying the tariff for a certain period of time if there are concerns that it may act as a barrier to implementing new models of care which are better for patients, quality and efficiency.

In particular, we have heard that local commissioners and providers are keen that these new integrated models can be developed during this time of transition to the new system of health and care – **we would therefore urge the Department of Health to set the scene in the 2012/13 Operating Framework in championing and allowing for better ways of delivering seamless, integrated care for individuals, through the transition.** As a part of this it will be important for PCT clusters to give emerging clinical commissioning groups the space and freedom to lead the commissioning process.

The NHS's role in improving the public's health

In addition to the 2012/13 Operating Framework, we understand that either before or around the time that the Forum presents its full advice to you, the Department of Health may also publish further details about the public health system, including:

- Operating model for Public Health England
- Public Health Outcomes Framework
- Arrangements for local commissioning of public health services

The Forum's remit is to look specifically at the NHS's role in improving the public's health, rather than the operation of the new public health system. However, the two are clearly linked. We feel that some of the messages we have heard so far will be important for the design of the new public health system. We highlight these below and hope that they will inform the Department's upcoming publications.

A national partnership across the NHS and public health

As the leader of the new commissioning system, the NHS Commissioning Board will be accountable for improving the health and wellbeing of those who receive NHS services and reducing health inequalities. Public Health England will likewise be responsible for providing leadership to the new public health system and workforce and will be accountable for improving the population's health and wellbeing, reducing health inequalities and protecting us all from threats to our health.

For the NHS to make the biggest impact on improving the public's health and reducing health inequalities, we have heard that it will be critical for it to work collaboratively with the public health system at every level.

We would therefore ask that the Department's forthcoming publications reflect the need for Public Health England and the NHS Commissioning Board to agree and set out publicly what this partnership will look like.

In particular, Public Health England and the NHS Commissioning Board must make clear:

- i) how Public Health England and the NHS Commissioning Board's respective responsibilities relate to each other;

ii) the circumstances in which Public Health England and the NHS Commissioning Board will need to work together to discharge a responsibility of one or both organisations, and how they will do this. This should include how Public Health England will provide population health advice to support the NHS Commissioning Board in its roles as a commissioner and in setting national direction and holding local clinical commissioning groups to account (see below); and

iii) how they will be held to account for performing their roles effectively in partnership and what each can do if they are concerned about each other's performance.

Public health expertise embedded in NHS commissioning

To keep the public's health at the heart of the NHS, the NHS must design its services in a way that promotes good health and prevents poor health, as well as treating illness and injury. We have heard very strongly that, for this to be the case, public health expertise must be embedded in the commissioning of NHS services.

The new system should provide NHS commissioners with many ways of obtaining the advice they need to commission effectively. Health and wellbeing boards and clinical networks and senates should enable NHS commissioners to access expertise from not only public health specialists, but more broadly across health, care and other public services.

We have heard different suggestions about how to ensure that population health advice in particular feeds into NHS commissioning. Many have reflected that locating public health experts within local authorities offers an excellent opportunity to imbue their advice with insight into the range of other services delivered by local government. They suggested that the new arrangements must provide a clear route for clinical commissioning groups to access this expertise, underpinned by obligations on local authorities to provide it. Some have told us that public health experts should have a fixed position within the NHS Commissioning Board and clinical commissioning groups, as well as in Public Health England and local authorities.

We ask that the Department uses the forthcoming publications to explain how NHS commissioners can obtain population health advice.

As a minimum, local authorities and Public Health England must provide advice to NHS commissioners. Further, at a local level, clinical commissioning groups and local authorities should agree ways of sharing population health expertise that work best for them. We would also expect NHS commissioners to clearly demonstrate how they act on the population health advice they receive, and we have heard that those exercising oversight and scrutiny functions will be well-placed to monitor this at a local level, to make sure that NHS commissioners are accessing advice appropriately and having due regard to it.

Shared outcomes for the public's health

Aligning the outcomes that the NHS and public health systems are working to achieve will be an important way of ensuring that they build constructive partnerships. A shared responsibility to achieve common priorities will encourage the NHS and public health systems to work together, and optimise the achievements that either system could make working alone. In particular, we have heard that the NHS and public health systems must work together if we are to ensure that the health of the poorest improves fastest.

The Department of Health has already published the first NHS Outcomes Framework, which will be used to hold the NHS Commissioning Board to account for the outcomes it delivers from 2013/14. It will shortly publish the Public Health Outcomes Framework.

We would call for the Department to ensure consistency and alignment between the outcomes set for the NHS and public health.

In particular, we would encourage the use of twinned outcomes across the NHS and public health frameworks that, when combined, contribute to the achievement of a broader shared outcome with shared accountability. Where appropriate, the NHS Commissioning Board and Public Health England should be held to account for delivering a shared goal – for instance, reducing avoidable mortality in a specific disease area. However, separate but parallel indicators underpinning the outcome should recognise that the NHS and public health systems will meet this shared outcome in different ways. However, this should not be used to ‘pigeon hole’ the NHS as a treatment service and the public health system as a prevention service. The NHS Commissioning Board and Public Health England should both set out how they will work together and how they can contribute to each other’s indicators. Clear accountability is fundamental; therefore, any shared outcomes must be accompanied by a clear statement of accountability so that both parties know what they are each expected to deliver.

Clarity and quality throughout the transition

In our conversations so far, we have seen and heard about the excellent work that is already happening to improve the public’s health and reduce health inequalities. Across the country, the NHS is commissioning innovative services that encourage healthy behaviours and promote living well. We have heard concerns that this good work might be lost or lose focus when commissioning for public health programmes moves from the NHS to local government. We are sure that this would not be the intent, but feel that national direction here would be helpful.

We therefore ask that the Department makes clear through the 2012/13 Operating Framework that the quality of services that improve public health must be maintained during the transition to the new public health system. A clear transition plan would be useful to ensure that there is a clear understanding of who is responsible for which services at each stage of the transition.

In particular, we have heard very strongly that there is confusion about what the NHS's role and responsibilities will be around public health protection. **The Department must ensure that its forthcoming publications are clear about who will be responsible for all aspects of public health protection, to maintain safety and quality throughout the transition.** In particular, the Department must describe the role of the NHS, including the new NHS commissioning bodies, towards public health protection.

We ask that you feed these important messages into the Department's forthcoming publications and look forward to providing you with our more detailed advice in due course.



Professor Steve Field

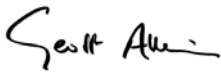
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