

Gateway reference number 17060

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Dear Steve,

### **Response to NHS Future Forum's second report**

I am writing to offer my personal thanks for the NHS Future Forum's second report, which I have been very interested to read. The report offers a genuinely valuable contribution to the development of Government policy in the important areas of integration, information, the NHS's role in improving the public's health and education and training, and we are deeply indebted to the Forum for its hard work and carefully considered conclusions.

I have been particularly impressed with the depth and breadth of engagement you and your fellow Forum colleagues have achieved since the summer. The numbers of people you have involved is a testament to the hard work of the Forum members and gives your conclusions a genuine legitimacy and foundation for success.

I would like to pass on my thanks in particular to the Forum's workstream leads, Vicky Bailey, Ash Soni, Jeremy Taylor, David Haslam, Geoff Alltimes, Robert Varnam and Julie Moore, who have dedicated so much personal time and commitment to this work, and produced such persuasive reports.

I am pleased to be able to accept all the Forum's recommendations for the Government and I enclose the Government's response to the three workstream reports on the NHS's role in improving the public's health, information, and integration, setting out more detail on how we will take the recommendations forward. Also published today is *Liberating the NHS: Developing the Healthcare Workforce*<sup>1</sup>, which details how the Department is responding to the Forum's recommendations on education and training.

I share your views about the fundamental importance of the NHS Constitution in continuing to express the purpose, principles and values of the NHS. The duty on the NHS Commissioning Board to promote awareness of the NHS Constitution will, I believe, be critical in ensuring that the Constitution reaches as many patients and NHS staff as possible, as the people who stand to benefit the most from it. I would like to take the opportunity of the first report on the

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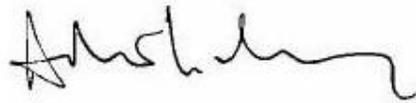
<sup>1</sup> [www.dh.gov.uk/health/2012/01/forum-response/](http://www.dh.gov.uk/health/2012/01/forum-response/)

effect of the NHS Constitution in July 2012 to see what more should be done to ensure it achieves its full potential. I would therefore like to explore using the same method of listening and engagement the NHS Future Forum has used so far in assessing the effect of the NHS Constitution on patients and staff, and I look forward to discussing this with you further.

Finally, while I of course retain overall accountability for the success of the NHS as a whole and for the proper implementation of the Forum's recommendations, you rightly identify that much of that success will depend on other organisations in the system playing their part. Indeed, the Forum's reports bring out with great clarity the vital contribution different parts of the healthcare sector have to make. I will therefore be looking to key organisations – the NHS Commissioning Board and Monitor in particular – to take forward the recommendations the Forum has identified for them. The Department will engage with these organisations, including the Board as it is established, on implementation, and will consider whether and where formal mechanisms such as the mandate to the Board, can play a supporting role.

I am copying this letter to all members of the NHS Future Forum.

Yours ever,



**ANDREW LANSLEY CBE**

# Integration

- 1.1. The lack of integrated health and social care services for people was a key concern emerging from the first NHS Future Forum report. The Government has since amended the Health and Social Care Bill (the Bill) which will ensure, subject to Parliamentary approval, that there will be a stronger duty on the NHS Commissioning Board (the Board), clinical commissioning groups (CCGs), health and wellbeing boards and Monitor to encourage integrated working at all levels. But we still recognise that there is more to do.
- 1.2. We are therefore very grateful to the second Future Forum for their work on integrated care. The Government supports all of the recommendations in the Forum's report and we will encourage joined-up commissioning, and integrated provision, through the Government's mandate to the Board.

## Integrate around people, not pathways

- 1.3. The Forum has focused on integration as “a means to achieving better outcomes for people”. We agree that integrated care should be about improving patient outcomes, patient experience and patient safety. We therefore welcome the Forum's recommendation that the entire health and social care system should share a clear and common understanding of integration as a means of putting patients at the centre of their care. Within this understanding, there must also be the scope and flexibility for integration to be adaptable to the needs and circumstances of local communities and their patients.
- 1.4. The Forum pointed out the importance of services based around people and not disease pathways. We welcome the recommendation that the Board should produce commissioning guidance for CCGs that focuses on how to meet the needs of different groups of people who may have multiple problems, such as the frail elderly. It should also include advice about fully involving patients in decisions about their care and treatment, complementing the clause in the Bill that will require CCGs to promote the involvement of patients and their carers in decisions about their health and treatment.
- 1.5. The Forum reported how people often find care systems difficult to navigate; that having a person to help coordinate their care made a considerable difference to both their experience and the effectiveness of their care. We welcome the Forum's recommendation that patients with complex conditions or long-term conditions should have a coordinating point for all of their care. This approach is already being taken in some parts of the country, where an evidence-based model of risk stratification, case management, care planning and self-care is well established, and we have been working to embed that generic model across the whole country.

## The quality of outcomes

- 1.6. The NHS Operating Framework 2012/13<sup>2</sup> highlights that positive patient experience is central to a successful system of care and the recent King's Fund and Nuffield Trust

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<sup>2</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131360](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360)

report on integration identified the importance of setting measurable goals to improve the experience of patients and service users. We strongly agree with the Forum's recommendation on the need to develop patient experience measures that evaluate patients' experiences across whole journeys of care, and span transitions between services, for example discharge from hospital.

- 1.7. By April 2012, the Department will put in place new metrics that bring together existing data on patients' experience at the interfaces between services. The Care Quality Commission (CQC) already collects and makes available a range of data as part of its Quality & Risk Profiles to support the essential standards outcome 'Cooperating with other providers'. During 2012, we will work with CQC to check that existing surveys cover adequately the transition issues that we know are important to patients and where things can go wrong, so that they fully support the work of CQC and commissioners.
- 1.8. We will also boost our work with the NHS Institute for Innovation and Improvement to identify, promote, and spread examples of practice in local measurement and improvement of pathways of care. This will include work to help commissioners improve patient experience along a whole journey of care. In the long term, we need new models to assess experience along whole pathways and this is a complex issue to get right. We have already commissioned research to develop a suite of new models and this will take until the end of 2013. Indicators developed from these short-term metrics and longer-term models may be utilised in future iterations of the NHS Outcomes Framework.
- 1.9. The Government also agrees that it is important to have alignment and coherence between national outcomes frameworks to support collaboration and integration, as highlighted by the Forum. Nevertheless, we are conscious of the need to balance the dual imperatives of clear and unambiguous accountability and properly joined-up services. The Government will therefore publish three separate frameworks for the NHS, public health and social care that are designed to incentivise collaboration and, in some cases, hold organisations to account for providing integrated services. For the NHS, the Board will be held to account through the NHS Outcomes Framework, which covers the majority of healthcare that the NHS is responsible for delivering. This will be aligned with similar accountability mechanisms for adult social care and public health. In designing the three accountability mechanisms, we have been careful to select indicators that incentivise a joined-up approach.
- 1.10. Health and wellbeing boards will rely on people working together in order to generate the best results for people living in an area. The members of these boards will have an interest in providing the best possible care to the people they serve and working together to address the causes of poor health and wellbeing. We also welcome the Forum's recommendation that the Department of Health, the Board and Public Health England should agree "baskets" of outcomes indicators which health and wellbeing boards can draw upon to support the measurement of shared goals. We are currently developing statutory guidance on undertaking Joint Strategic Needs Assessments (JSNAs) and joint health and wellbeing strategies. We will also be working with the sector to co-produce wider resources to support health and wellbeing boards on specific aspects of undertaking JSNAs and joint health and wellbeing strategies. This will include those indicators, where they can be defined, which health and wellbeing boards may find useful to help them identify outcomes relevant to the needs and priorities in their locality.

## Commissioning and pooling budgets for people and populations

- 1.11. The Government also agrees with the Forum's recommendation that all local commissioners should explore the potential benefits of joint commissioning in health and social care for key populations. Through the NHS Operating Framework for 2012/13, we are asking all primary care trusts (PCTs) to work with their local authority partners to ensure that a succession plan for existing pooled budgets and joint commissioning arrangements remains in place.
- 1.12. The Forum recommended that emerging health and wellbeing boards should consider the allocation of NHS funds already earmarked by the Government for delivering social care services in partnership with health as one of the first major decisions they make. We agree with the Forum that, whatever route funding follows, there should be a clear role for CCGs to be active players in decisions about the use of the money, and that those discussions should be facilitated locally by health and wellbeing boards. We see health and wellbeing boards acting as one of the engines of integration in the reformed system with the ambition of improving local care. The boards will help ensure that spending decisions on care are based on JSNAs, and are designed to have the maximum impact on improving health and wellbeing outcomes and reducing inequalities.
- 1.13. We heard from the Forum about the importance of shared priorities and plans amongst local NHS, public health and social care commissioners based on outcomes that reflect local need, and that much of the alignment of these outcomes could be supported by the transformed public health system's population-level understanding of priorities. We therefore agree with the Forum that PCT clusters should ensure, as soon as possible, that health and wellbeing boards have strategic oversight of public health transition and transformation to ensure a shared local vision is in place for public health.
- 1.14. We also welcome the Forum's recommendation that the Board should use its authorisation process to test the will and capability of CCGs to collaborate in the design and commissioning of more integrated care journeys for patients before granting them their full statutory powers.
- 1.15. As highlighted by the Forum, health and wellbeing boards will set the framework for commissioning of health and wellbeing services by the NHS and councils, to ensure resources are invested with the maximum benefits for local communities. We therefore welcome the Forum's recommendation that the Department and the Board should ensure that commissioning support for CCGs is provided in a way that helps establish effective joint commissioning locally.
- 1.16. Under the Bill, the Board will commission certain services, such as those for rare conditions, and the Forum argued the need for such commissioning to be integrated with locally commissioned services. We therefore welcome the Forum's recommendation that the Board should work with local commissioners when directly commissioning specialised services and that it should be able to give an account on this matter to any health and wellbeing board.

## Providers play a key role

- 1.17. The Forum's report also identified the increasingly important role that local General Practitioners now play in the care of patients with complex needs, where once those same patients might have had to attend specialist clinics instead. We therefore welcome the recommendation that the Board should promote integrative approaches to out-of-hospital care and that the Board should explore how to incentivise integrated care in General Medical Services contract negotiations.
- 1.18. As the Forum outlined, service interoperability defines how one service relates to the others around it and is a key aspect of integrated care. We welcome the Forum's recommendation for the Board to work with local commissioners to introduce measures of service interoperability. We will explore, as part of the development of our mandate to the Board, whether measures of service interoperability can be introduced into contracts with local commissioners in order to facilitate integration of services.
- 1.19. The Forum identified the need for greater clarity around the use of choice, competition and integration in the reformed system. It emphasised that what matters most to patients and carers is having control over when, how and where their care is delivered and that commissioners can help them take that control, including via the introduction of new providers. We therefore welcome the recommendation that, during 2012, Monitor and the Board should support commissioners and providers to understand how competition, choice and integration can work together to improve services for patients and communities, and to understand the legal context.

## Freedom and flexibility to "get on and do"

- 1.20. We also support the Forum's recommendation for the Board and Monitor jointly to signal their methodology for establishing and policing prices. Although the Board and Monitor will need time to develop new systems, and design and test methodologies, we agree that it should happen as soon as possible. As we stated in the NHS Operating Framework 2012/13, and following the interim advice received from the Forum, local variation is permitted where commissioners find the rules prevent them doing the best for patients.
- 1.21. We support the Forum's recommendation regarding financial certainty for CCGs. Providing greater planning certainty over future budgets is right in principle but providing future year certainty requires the new organisational structures to have settled in. So, while right in principle, multi-year settlements need to be considered again as that happens. One option the Board may wish to consider in due course would be indicative multi-year settlements that could be confirmed (and altered if needs be) year-on-year. This is the current approach for local government. As with multi-year allocations, it is our aim to provide greater certainty over time with regard to over and underspends. The Board is working to agree the details of the financial framework that will apply to CCGs. This will need to operate within the overall financial framework that the Treasury applies to the Department of Health.

- 1.22. As highlighted in the NHS Operating Framework 2012/13, PCT clusters will need to demonstrate that they are allocating both non-pay running costs and staff to support emerging CCGs, commensurate with the level of budgets for which emerging CCGs have delegated responsibility. We therefore support the Forum's recommendation that sufficient funds and time need to be released for emerging CCG leaders to fulfil their role as pathfinders, including participation in health and wellbeing boards, and to prepare for the statutory duty that they will be under from 2013/14 to do so.
- 1.23. We also agree with the recommendation that PCT clusters should delegate decision-making responsibilities to local CCGs as soon as possible. The NHS Operating Framework 2012/13 makes it clear to PCT clusters that, in their local and regional planning process for 2012/13 and into 2013/14, they should increasingly involve and hand over leadership responsibilities to CCGs. We will take every opportunity to re-emphasise the importance of this to the service.
- 1.24. The Forum acknowledged that addressing fragmented services requires a long-term vision and we support its recommendation for new funding models to incentivise integration. This is the approach we are already taking to incentivise effective management of long-term conditions, particularly those with multiple co-morbidities and complexities, through the development of a year of care funding model. We hope to implement the first phase of the national work for 2013/14. However, prior to this, a suite of tools will be made available to commissioners to allow them to implement a year of care locally from 2013/14 too. We know that we will need to develop further in order to create the right environment to support greater use of telehealthcare technology within a transformed service for people with long-term conditions.

### National support for local leadership

- 1.25. We agree with the recommendation that it is essential for a multilateral body to provide an integrated vision from a whole-system perspective. We will ensure that there is an appropriate forum to continue this function.
- 1.26. We also support the Forum's recommendation that the Department and the Board should commission future clinical audits that span whole journeys of care for key groups. As the Forum acknowledges, integration is a complicated undertaking where "top-down, one-size-fits-all solutions should not and cannot be prescribed or imposed". We will explore the scope for including metrics of integration, such as patient experience measurements, in future audits.

### Share lessons and provide support

- 1.27. The Forum highlighted how national leadership and collaboration is essential to supporting development of more integrated services. The Government supports the Forum's recommendation that the Board, with local government leadership via the Local Government Association, should make available a resource providing advice and support on practical integration implementation issues. This will be valuable for local commissioners and it will be crucial that it is responsive to their needs.

# Information

- 2.1. The Government fully agrees with the Future Forum's assessment that there is a real case for change in the way that information is used and shared across the health and care services, and massive untapped potential for better information to improve the quality of care for patients and users of care services. The right information, presented in a meaningful way, can have a transformative effect on people's experience of their care by giving them the tools they need to exercise genuine and informed choice.
- 2.2. Our ambition in this area is simple but far-reaching: for people to have access to the information they want, when they want it, with the right support available to enable them to use information to their benefit. Good, accessible information will help enable people to be in the driving seat about decisions affecting their care.
- 2.3. We recognise, however, that bringing about this 'information revolution' will require significant culture change and we are grateful to the Future Forum for its contribution towards making that happen.
- 2.4. The Forum's recommendations for the Government will be taken forward in the forthcoming information strategy for health and social care in England, to be published by April 2012.

## Information for patients and service users

- 2.5. Access to more and better quality information has been a fundamental building block of our vision for modernising the NHS from the outset. The Government is therefore in full agreement with the Forum's view that the forthcoming information strategy should clearly affirm the importance of information as an integral element of the service that patients and service users can expect.
- 2.6. The Government also agrees with the emphasis the Forum's report places on the important role of providers in making available information that integrates around the needs of the individual, and of commissioners in ensuring that this happens. We will reflect these roles and set out more detail in the forthcoming information strategy.

## Patient ownership of data

- 2.7. Giving people access to their own care records is a key way of involving them in decisions about their care, and also of allowing them to work in partnership with their health and care professionals to manage their health more independently. The Government has long held the aim of providing access to health records for all patients and is grateful for the Forum's support for the recent commitment to ensuring that all NHS patients will be able to access their personal GP records online by the end of the current Parliament. Our information strategy will include further details of the timetable, and the NHS Choices website will, subject to passage of the Health and Social Care Bill, publish an interactive map of GP practices able to provide online access.

- 2.8. In many cases, GP practices are ready to make records available to patients now. The information strategy will set out steps designed to ensure that *all* practices are able to fulfil the commitment.
- 2.9. We also welcome the proposal that the Royal College of General Practitioners, in partnership with the British Medical Association, the NHS Commissioning Board and relevant patient organisations should be invited to develop a plan for the roll out of access to patient records by 2015. We will engage with these organisations on how best to take this forward.
- 2.10. The Government acknowledges the Forum's further point that appropriate support structures and appropriate consent processes will be needed for patients so that they understand and know how to use the information within their own records, and will set out more detail in the information strategy.

### Data sharing for safety, quality and integrated care

- 2.11. The Government agrees that the NHS should move to using its IT systems to share data about individual patients and service users electronically in the interests of high quality care.
- 2.12. The Forum made an important recommendation about full electronic data sharing against set standards for all organisations delivering care in the NHS, or in adult and children's social care, with no opt-out, regardless of the provider's ownership model. The Forum also recommended that the information strategy should set out how the Government will ensure the establishment of technical interoperability standards and common standards for the structure and content of health records.
- 2.13. As set out in the Department's consultation paper *Liberating the NHS :An Information Revolution*<sup>3</sup>, we recognise that the key requirement is interoperability – IT systems talking to each other – and that standards are needed to enable that to happen. The Health and Social Care Bill contains provisions designed to enable those standards to be set and used across the health and care system, and the Government will set out next steps for achieving the recommendations on standards in the information strategy.
- 2.14. The Forum also recommended that there should be a clear presumption in favour of hospital discharge summaries being made available to the GP and patient (or their nominated carer) at the point of discharge; and of GP referral letters being made available at the point of referral. We support this view and agree that the NHS number is an important tool in improving the way that information is used and accessed across health and social care. We intend for this aspiration to become a reality by 2013.

### Information governance

- 2.15. The Government shares the view of the Forum that good governance of information is integral to responsible sharing. We are actively considering the Forum's recommendation to commission a review of the current information governance rules and of their

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<sup>3</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_120598.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120598.pdf)

application, to report during 2012, and we will set out the terms of a review in due course. Building on the Forum's suggestion, we will consider how best to achieve an appropriate balance between the protection of patient information, and the use and sharing of information to improve care, and will set out next steps in the information strategy.

## Using data to drive quality

- 2.16. Using data to drive quality is a fundamental responsibility for health and care organisations. The Government supports the Forum's view that commissioners and providers should uphold and drive this principle, and the forthcoming information strategy will outline how commissioning can use information as a driver for improving the quality of care.
- 2.17. We also agree with the Forum's view that many of the issues here centre on cultural change. We are considering with interest the cultural barriers that the Forum's work has highlighted and will set out next steps for overcoming them in the information strategy.

## Transparency

- 2.18. Greater transparency is a fundamental principle of the Government's agenda for public sector reform as a whole, as well as the modernisation of the NHS. Encouraging a culture of openness, where data is routinely published, is a critical part of empowering the users of our public services to harness the power of information as a means of driving improvement and responsiveness.
- 2.19. We therefore wholeheartedly agree with the emphasis the Forum's report places on power of increased transparency. Subject to passage through Parliament, the provisions in the Health and Social Care Bill go a long way towards meeting the Forum's recommendation about putting all clinical outcomes data in the public domain. The Bill marks a step-change in the health and care sector's approach to transparency, with provisions that will require the Health and Social Care Information Centre to publish virtually all of the information it collects across the health and care system (with provisions designed to ensure that confidential and identifiable data is kept safe and secure), including data on outcomes.
- 2.20. Ahead of these provisions coming into force, the Government has already made significant commitments to greater openness and transparency in health and care data, most recently alongside the Chancellor's Autumn Statement 2011<sup>4</sup>.
- 2.21. We support the Forum's recommendation for a clear plan for the progressive development of quality and outcome measures to underpin the new outcomes frameworks and will set out more detail in due course.
- 2.22. Feedback, comments and complaints, via all forms of social media, have the potential to offer valuable insight into people's experience of health and care services. In line with the Forum's recommendation, the Government's information strategy will set out a clear way

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<sup>4</sup> See *Further Detail on Open Data Measures in the Autumn Statement 2011*, published 29 November 2011: <http://www.cabinetoffice.gov.uk/news/open-data-measures-growth-review> - and also The Prime Minister's 7 July 2011 *Letter to Cabinet Ministers on transparency and open data*: <http://www.number10.gov.uk/news/letter-to-cabinet-ministers-on-transparency-and-open-data/>

forward on the use of user-generated feedback in order to improve the quality and responsiveness of services.

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

- 3.1. The Government is in full agreement with the Future Forum that it is the job of the NHS not just to treat people when they are ill but also to help them stay well. This is reflected in the NHS Constitution. The Forum's report on the critical role of the NHS in preventing illness and keeping people well represents an important challenge to the NHS. It contains a series of recommendations aimed at unlocking the potential of the NHS to play its part in addressing the public health challenges facing the country.
- 3.2. The Forum's report also makes explicit the link between improving people's health and wellbeing and tackling health inequalities. This is an important message and we agree that the NHS, through promoting healthy living and preventing poor health, has a key role to play in addressing health inequalities. The Forum's recommendations provide a clear focus as to how the NHS can do this.
- 3.3. Building on work already underway, we will seek to ensure that the Future Forum's recommendations are acted on in full, so that preventing poor health and promoting healthy living become an integral part of the way the NHS conducts its business. In particular, the Government will seek to articulate clear objectives for the NHS Commissioning Board (the Board) in relation to improving the public's health. The mandate to the Board will set out the objectives and expectations of the Board generally and, alongside this, a section 7A agreement will describe in detail specific public health functions the Board will undertake on behalf of the public health system.

## Making every contact count

- 3.4. The Forum's report shows there is widespread support for the NHS to take every opportunity to prevent poor health and promote healthy living by making the most of healthcare professionals' contact with individual patients. The Government agrees that it should be the role of all healthcare workers in the NHS to make use of those contacts wherever appropriate, with the aim of improving the public's health and wellbeing and reducing health inequalities.

### *The role of healthcare professionals*

- 3.5. The Forum recommended that the Secretary of State seeks to include a new responsibility in the NHS Constitution reflecting this principle and we intend to ensure that the important role of healthcare professionals in improving the public's health is clearly acknowledged in the NHS Constitution. As with any amendment, the Government will consult on the proposed change and will take the opportunity of the upcoming update of the Constitution, for which consultation is planned to start in autumn 2012. This will mean that any inclusion of a new responsibility on staff will be subject to full discussion with NHS staff and the wider public, ensuring we get it right.

- 3.6. We also support the Forum's recommendation that managers of healthcare professionals use the appraisal process to incentivise their employees to take advantage of every contact with patients. Whilst it is ultimately the responsibility of employers to find the most effective means of ensuring that their healthcare professionals deliver the best possible service, the Forum's recommendation about the use of appraisals with specific measures on making every contact count is a practical step that employers could reasonably consider taking.

#### *Building skills and knowledge*

- 3.7. Similarly, it is the responsibility of providers of NHS-funded care, as employers and managers of healthcare professionals, to train and develop their workforce, and to identify skills and knowledge gaps that would hinder the effort to make every contact count. The Government agrees that it is important for employers and managers of healthcare professionals to develop effective partnerships with public health experts, training providers, health and wellbeing boards and other local services to fill these gaps and we welcome the emphasis that the Forum places on this responsibility. Health Education England, to be established in shadow form from April 2012, will play a key role through the development of effective Local Education and Training Boards, which will provide flexible and collaborative training and development for healthcare professionals.
- 3.8. The collaborative working that the Forum recommends between Health Education England, Public Health England (PHE), the Board and professional bodies including regulators and representative bodies to promote the broader role of healthcare professionals is a long-term effort and one which has our support. Health Education England in particular will provide the sector-wide leadership and oversight of workforce planning, education and training in the NHS which will help ensure that the NHS workforce is aware of its broader role and that the Forum's recommendation is properly met. It will be an important role for the Department to foster and support these relationships.

#### *NHS leadership*

- 3.9. In December 2011, the Department published a fact sheet entitled *Public Health England's Operating Model: Mission and values*<sup>5</sup>. This sets out how PHE will work with partners across the public health system and with the Board. Building on this, further details of the arrangements of how PHE and the Board will work together will be published in 2012. These will be used to help to set the framework within which NHS clinical leadership can begin to build the momentum recommended by the Forum for healthcare professionals to make every contact count.
- 3.10. Effective joint working between PHE, Health Education England and the Board will be critical in taking forward the principle of 'every contact counts'. The Government welcomes the Forum's recommendation that these three organisations in particular agree a programme of action for doing this, and a forthcoming consultation on public health workforce strategy will explore how they can work in partnership. We also agree that an initial focus on the ambitions in the tobacco control plan for England would provide a clear focus for an agreed programme from the outset.
- 3.11. We will consult later this month on how the Board, PHE and Health Education England can work together through a public health workforce strategy. This will look at

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<sup>5</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131882](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131882)

relationships across the new system both at the local and national level. We will use the consultation to reinforce the Forum's message of the importance of making every contact count, and make clear our support for increased emphasis on workplace health and wellbeing. The consultation will also explore:

- how collaborative working can be best realised, and consider the roles of Local Education and Training Boards and health and wellbeing boards;
- how to promote the roles of healthcare practitioners, the wider workforce and the local community in helping to address health inequalities and making every contact count; and
- questions about how GPs can maximise their role in preventing poor health and what their training needs will be.

3.12. The Government also supports the Forum's recommendation that the NHS Leadership Academy should demonstrate to leaders at all levels the importance of making every contact count as a part of improving service quality. The Leadership Framework provides a consistent approach to leadership development for staff in health and care irrespective of discipline, role or function, and represents the foundation of leadership behaviour throughout the NHS. We agree that the NHS Leadership Academy should take the opportunity to emphasise the importance of making every contact count as the Leadership Framework continues to be embedded throughout the NHS.

### Improving staff wellbeing

3.13. The Government agrees that the role of NHS organisations in investing in the health and wellbeing of their staff is crucial, and we welcome the renewed focus on the issue that the Forum's report brings. Given the part they play in preventing poor health and promoting healthy living among the people who use their services, it is important that employers do not forget the health and wellbeing of their own staff. The NHS and its partners are in excellent position to lead by example, ensuring that both they as organisations, and their staff as individuals, benefit from the renewed emphasis on health and wellbeing.

3.14. We have supported this principle, both in the NHS Constitution commitment to providing support and opportunities for staff to maintain their health and wellbeing, and in the Operating Framework for the NHS in 2012/13<sup>6</sup>, which sets the expectation that organisations will ensure their staff have access to appropriate health interventions when required, and that there will be better support for staff health at work.

3.15. We have worked with health and wellbeing experts to establish a national framework for taking forward the recommendations of Dr Steve Boorman's review into NHS health and wellbeing, which will continue to be implemented by the NHS. Going forward, we will also work with the Royal College of Physicians and Faculty of Occupational Medicine to support improvement within the NHS in relation to the audit of NICE public health guidance, ensuring that issues relating to staff health and wellbeing are addressed.

3.16. We welcome the recommendation that NHS staff should be involved in the design and implementation of strategies to improve mental and physical health and wellbeing within

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<sup>6</sup> The Operating Framework for the NHS in England 2012/13  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131360](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360)

their organisation. The national policy programme for health and wellbeing in the NHS is centred on five 'high impact changes', the first of which is that every organisation should develop a local and evidence-based improvement plan for staff health and wellbeing in partnership between management, staff and unions. NHS organisations and their delivery partners are responsible for developing strategies with their staff, and the recommendations of the Forum provide valuable renewed focus on NHS organisations and delivery partners to ensure that they do this. Over the next year, our focus will be working with the NHS to show what this means in practice, and we will take the Forum's points forward in more detailed guidance.

- 3.17. The Forum is right that managers and leaders should be trained to support the mental and physical health and wellbeing of their staff, and it will be important for NHS organisations to equip their leaders with the appropriate skills to fulfil this role. The third 'high impact change' is that management capability in relation to staff health and wellbeing must be improved. This provides focus to realise the recommended increase in the ability of NHS management to support staff health and wellbeing.
- 3.18. The Forum also mentioned variability in occupational health quality. We will continue work with NHS Plus to ensure that every NHS organisation provides access to better, local, high quality accredited occupational health services.

### Building health and wellbeing into the NHS's day-to-day business

- 3.19. The Forum rightly concluded that, for the NHS to play a full role in improving the public's health and wellbeing, NHS-funded providers need to build the prevention of poor health and promotion of healthy living into their day-to-day business, supported by commissioners. The Government welcomes the recommendations in support of this principle: health and wellbeing can not simply be an annex to NHS-funded healthcare if the NHS is to fulfil its potential in improving public health, but must be integral to the delivery of services. It will be the role of commissioners and providers to work together to embed these interventions into care pathways, and ensure that all appropriate opportunities are taken to prevent poor health and promote healthy living. We welcome the Forum's challenge to the NHS Institute for Innovation and Improvement to explore how to use a national award scheme to recognise excellence in innovation by NHS-funded providers to support this, using existing resources to fund any new award that the Institute might establish.

### *NHS commissioners*

- 3.20. The Government agrees that commissioners' contracts with providers should be used to help build prevention of poor health and promotion of healthy living into NHS-funded services. The Commissioning for Quality and Innovation (CQUIN) payment framework enables local commissioners, who understand where outcome improvements are most needed locally, to incentivise local providers of acute NHS-funded care, to focus on improving the public's health. The Forum's recommendation that clinical commissioning groups (CCGs) and providers of NHS-funded care explore together how to use local tariff flexibilities to support delivery of innovative care by providers is also welcome and has our full support. We have set out in the NHS Operating Framework 2012/13 how commissioners and providers can use local variations where they will result in better outcomes for patients and we welcome the additional focus that the Forum's report brings.

- 3.21. The future development of the Quality and Outcome Framework (QOF) will provide an opportunity to explore how to create stronger incentives for GP practices to make every contact count, improve their local population's mental and physical health and wellbeing, and reduce inequalities. We have started work to strengthen the public health elements of the QOF, with the Public Health White Paper<sup>7</sup> and consultation on commissioning public health services proposing that at least 15% of the value of the current QOF should be devoted to evidence-based public health and primary prevention indicators from 2013.
- 3.22. We support the Forum's recommendation that the Board and PHE should work together to improve the efficacy of payment incentives for improving the public's health and we are committed to further work in 2012 to establish and publish the arrangements of how PHE and the Board will work together, which will be informed by the Forum's recommendations.
- 3.23. The Forum identified the importance of NHS commissioners, local authorities and providers of NHS-funded care working together to design into NHS care pathways specific interventions that will prevent poor health and promote healthy living. We fully agree with this recommendation, and with the further recommendation that the Board, supported by the Department and PHE, should produce commissioning guidance for CCGs in support of this. The Department will ensure that public health advice and expertise, including that of PHE, is fed into the Board's guidance.
- 3.24. In line with the recommendation that the Board, PHE and the Local Government Association jointly publish arrangements of how they will work together to achieve improved population health outcomes, the NHS Commissioning Board Authority has started work with public health experts to examine wider relationships across the NHS and public health systems. This work will consider how the Board will access public health expertise to support its functions and how it will bring public health outcomes into the commissioning of services.
- 3.25. The Forum recommended that emerging CCGs and local authorities should put in place transparent arrangements to show how they will support each other in improving health outcomes from April 2013. The Department has begun work in support of this, convening a panel of public health experts and stakeholders, including representatives of emerging CCGs, the Royal College of General Practitioners and the Association of Directors of Adult Social Services to discuss the role of local authorities in providing public health advice to the NHS. The findings and recommendations of the panel were published in December 2011, and will provide useful guidance for local authorities and emerging CCGs in working through the arrangements needed to meet the Forum's recommendation.

#### *Commissioning in partnership*

- 3.26. The Forum recommended that the Board use its commissioning levers to ensure that CCGs work in partnership with local authorities to prevent poor health and promote healthy living. The Government agrees that the Board will be the organisation best placed to ensure that CCGs engage with local authorities as envisaged by the Forum, and it will be for the Board to decide how it can best use its levers to achieve this goal, preventing poor health and promoting healthy living.

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<sup>7</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121941](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941)

- 3.27. We agree that the Secretary of State should hold the Board and PHE to account against consistent national principles. The Outcomes Frameworks for the NHS and for public health are now being aligned with each other, where appropriate, together with outcomes in adult social care. There is a shared domain across the NHS and public health on preventable mortality, and the Department will consider further shared outcomes, where appropriate, following the Forum's recommendation. We will also investigate the possibility of moving to a shared data-set across the NHS, public health and social care systems in 2012, with the aim of reinforcing the consistency of objectives and outcomes through consistent measuring.
- 3.28. The Forum's recommendation for an agreement between the NHS and public health systems about the contribution of each system to the other's outcomes on population health also has our support. We are working towards appropriate aligned outcomes and we join the Forum in encouraging agreement between the NHS and public health systems as to contributing to each other's outcomes.
- 3.29. We also agree that health and wellbeing boards will have a key role to play in ensuring a collective focus on improving outcomes and public health priorities, through the use of joint health and wellbeing strategies, and welcome the Forum's recommendation that the Board use the quality reward to reward CCGs for achieving improvements against priorities in their local strategy.

### Partnerships outside the NHS

- 3.30. We support the Forum's recommendation that NHS commissioners and providers of NHS-funded care use partnerships with other local services to improve the health and wellbeing of communities that the NHS locally finds difficult to reach. This will be essential to reduce the unacceptable health inequalities that exist between different communities. The forthcoming consultation on the public health workforce strategy will help to inform commissioners and providers as to the potential partnerships that can be built to ensure that the Forum's recommendation is put into effect.

### Building on what we already have

- 3.31. The Government welcomes the recommendation from the Forum that all professionals, NHS commissioners and providers of NHS-funded care should share their learning about improving the public's health and wellbeing and reducing health inequalities.
- 3.32. We agree that PHE should have a strong role in relation to public health evidence provision across the NHS. The White Paper *Healthy Lives Healthy People*, published in November 2010, set out our expectation that PHE's evidence function would be driven by local requirements to ensure that it is responsive to local needs and accessible to users across the country. *Update and Way Forward*<sup>8</sup> (published in July 2011) identified the importance of PHE using synergies between different bodies to develop an integrated approach to evidence to ensure that local authorities, the NHS and the Department have the understanding and advice needed to drive improvement.

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<sup>8</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_128120](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120)

3.33. We welcome the continued focus that the Forum's recommendation brings and will continue work to identify and build on existing good practice of sharing of evidence and intelligence by PHE's constituent organisations to ensure we add best value to the whole system in the future. A PHE web-portal will be established to act as a tool for spreading evidence and best practice to all those working in the NHS.