

# NHS England Five Year Forward View



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# Back to the Future

2010

Coalition government promises they will stop the top-down reorganisations of the NHS that have got in the way of patient care. They then proceed to plan a reorganisation “so large it can be seen from Outer Space”

**Legislation & Documentation:** [Equity and excellence: liberating the NHS](#)

2011

**Publication of the [Health and Social Care Bill](#). 2010/11**

Proposes significant reforms to increase the influence of GPs on commissioning, and abolish strategic health authorities (SHAs) and primary care trusts (PCTs).

2012

Following nearly 18 months and thousands of amendments, **the Health and Social Care Bill is passed.**

Public Health moved into Local Authorities. Establishment of Clinical Commissioning Groups and the NHS Commissioning Board.

**Legislation & Documentation:** [Health and Social Care Act 2012](#) and [NHS Mandate](#)

2013

April 2013 The 'new' NHS comes into being responsibilities shift to bodies created by the 2012 Health and Social Care Act

Strategic Health Authorities and Primary Care Trusts abolished NHS England, NHS Trust Development Authority, Healthwatch and Public Health England established.

2014

The Care Bill receives Royal assent.

[Five Year Forward View](#) of the NHS in England: sets out a clear direction for the NHS – showing why change is needed and what it should look like.

The [Five Year Forward View](#) sets out the NHS's vision for the development of health and care services in the next 5 years

*A PRAGMATIC TOP LINE FIVE YEAR FORWARD VIEW (Oct 2014)*

- “A compass, not a map”
- “A view that recognises we don’t know what the money will look like so it will be about putting choices on the table, not the final word.”

**FOUR KEY MESSAGES**

- NHS has to change: we can’t carry on as we are”
- Getting serious about prevention
- Moving to new models of care
- Closing the financial gap through a mixture of NHS savings and extra funding



Public Health  
England



**NHS Five  
Year  
Forward  
View - Why  
the NHS has  
to change**

<https://www.youtube.com/watch?v=9-ptJ7xmiFg>

# The future NHS - The core argument made in the Forward View centres around three 'gaps':

- 1**      **Health & wellbeing gap**      **Radical upgrade in prevention**
- Targeted prevention initiatives e.g. diabetes
  - Much greater patient control
  - Harnessing the 'renewable energy' of communities

- 2**      **Care & quality gap**      **New models of care**
- break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.
  - A menu of care models for local areas to consider

- 3**      **Funding gap**      **Efficiency & investment**
- Implementation of these care models and other actions could deliver significant efficiency gains
  - However, there remains an additional funding requirement for the next government
  - And the need for upfront, pump-priming investment

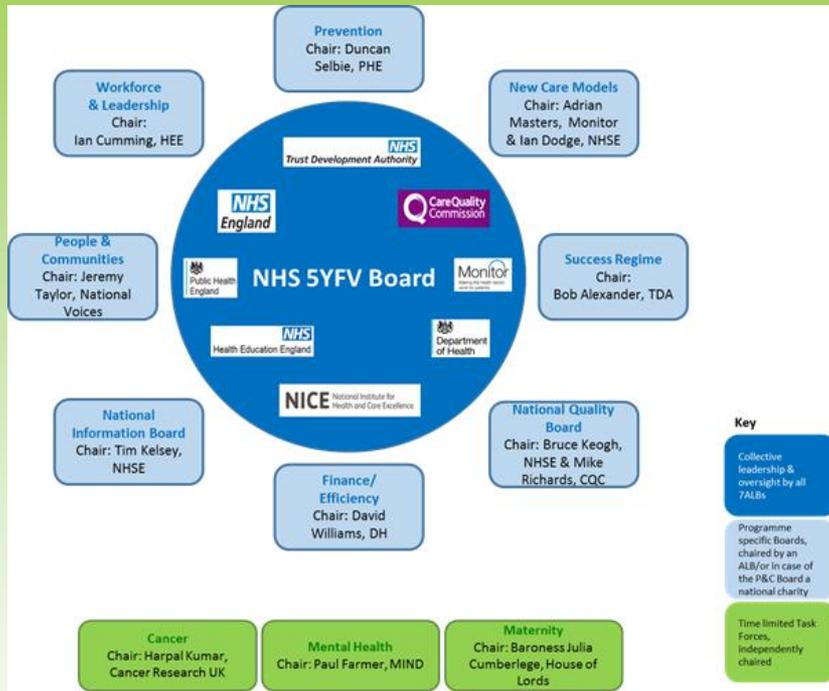
# NHS Five Year Forward View - how the future will look

<https://www.youtube.com/watch?v=URaVyHmXmjA>

***However...The key priorities of the 5YFV: Prevention, Service Transformation and Efficiency – “can only be Achieved through fundamentally changing the relationship with people and communities as set out in chapter 2 of the Five Year Forward View”***

***Chapter 2 - looks to a future of a health system with a new relationship with patients and communities and sets out a series of commitments in relation to empowering people, supporting carers, promoting volunteering, and engaging the voluntary sector and communities***

# The Voluntary & Community Sector is engaged directly through The People and Communities board – which sits alongside the other boards which make up the governance arrangements for the delivery of the Five Year Forward View



<http://www.nationalvoices.org.uk/fyfv>

**People and Communities board** exists to:

- 1) Champion the Chapter 2 vision and commitments and more broadly ensure that person centred care and community-centred services are embedded in the Five Year Forward View programme;

- 2) Harness the expertise of patients, service-users, engaged citizens, the voluntary sector, carers and other stakeholders, providing a support and challenge function in relation to the delivery of the commitments across the whole of the Five Year Forward View, including those that relate to prevention and new models of care.

People and communities board has set out 6 expectations for good, person centred, community focussed care: which includes making sure The VCSE are key enablers in improving health and wellbeing outcomes

# Opportunities for the VCSE?

- Focus on "stronger partnerships with charitable and voluntary sector organisations" and an understanding of the diverse roles the sector can play in supporting healthy people and healthy communities.
- Commitment to developing a shorter national alternative to the NHS standard contract; to grant funding and to multiyear funding
- Recognition of the value of carers, volunteers and the wider VCS- to support people gain more control of their own care, and the commitment to work more closely with the VCS.

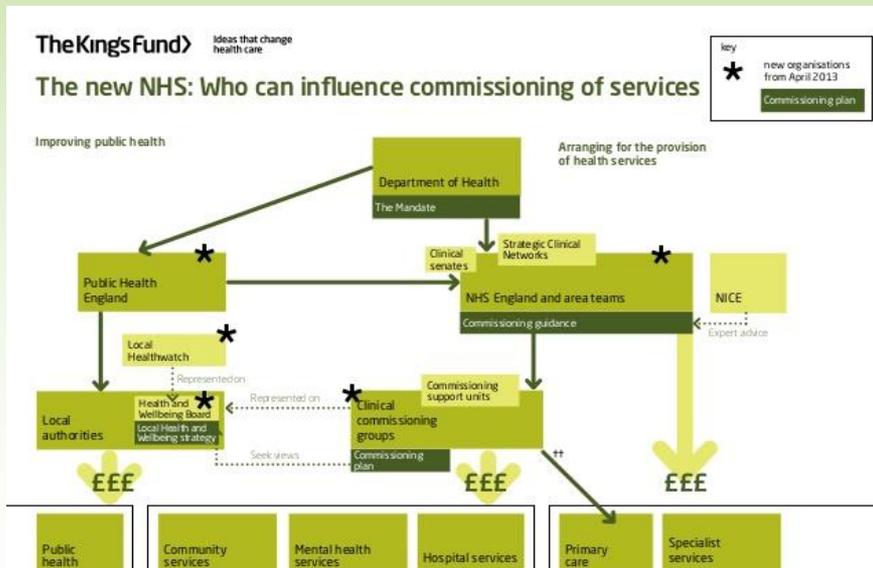
**Regional Voices is working with NHS England to support the voluntary, community and social enterprise sector (VCSE) understand and engage with NHS commissioners around the NHS Five Year Forward View (5YFV).**

## **Five Year Forward view; Engaging People & Communities**

1. Promote proportionate funding mechanisms for the voluntary sector
2. Support regional engagement between NHS commissioners, the VCSE and the people it supports
3. Promote VCSE understanding of, and involvement, in service redesign and new models of care

# 1. Promote proportionate funding mechanisms for the voluntary sector

**Grants v Contracts:** The balance between grants and contracts moved from 50:50 in 2000 to 20:80 in 2010...and now?



†† From April 2015 some CCGs are taking on delegated responsibility for commissioning GP services

# 1. Promote proportionate funding mechanisms for the voluntary sector



## Key Findings

A significant number of respondents provided feedback that suggested commissioners were using The NHS Standard Contract when alternative funding mechanisms would have been more appropriate. With reference specifically to use of the NHS Standard Contract and development of a shorter version the key points raised were size, appropriateness, language / terminology and reporting requirements.

## Recommendations

Alongside the development of a shorter version of a the NHS Standard Contract there is strong evidence to suggest a need for training and awareness raising amongst commissioners of the VCS as to the variety of possible mechanisms for funding the VCS and the appropriateness of each against the service specification being commissioned.

## NHS Standard Contract survey

*"We will seek to reduce the time and complexity associated with securing local NHS funding by developing a short national alternative to the standard NHS contract where grant funding may be more appropriate than burdensome contracts, and by encouraging funders to commit to multiyear funding wherever possible." Simon Stevens*

**NHS Standard Contract survey**  
**How significant are the following as barriers to VCSE commissioning:**

	Very significant barrier	Significant barrier	Moderate barrier	Small barrier
Complex, demanding CCG procurement processes	<b>55.07%</b> 114	<b>28.99%</b> 60	<b>9.18%</b> 19	<b>1.45%</b> 3
CCG not using grant agreements	<b>33.33%</b> 68	<b>33.3%</b> 68	<b>12.75%</b> 26	<b>6.86%</b> 14
The complexity & level of detail in NHS standard contract	<b>53.85%</b> 112	<b>21.63%</b> 45	<b>14.90%</b> 31	<b>1.44%</b> 3

**Current Frustrations...** Being asked to do things at very short notice with no time to upscale/increase capacity

The continued misconception that our services are free – front line volunteering might be free at the point of service, but the work that goes on behind the scenes (recruiting, training etc...) is not

CCGs avoiding working with CVS to navigate the voluntary sector for fear of ‘giving preferential treatment’ but then stalling because they don’t have the capacity to take things forward because ‘the sector is too big and diverse’

CCGs (still) thinking they can no longer make grants (*Note: they can – see the Health and Social Care Act part 1, section 26, 14Z6 though it may not be easy to action this through existing mechanisms*)

The guide “sets out the benefits and principles of providing grant funding for the voluntary and community (VCS) sector and suggests some Practical Steps commissioners can take to use grants in the most effective way to support local priorities”.

05

A bite size guide to:

# Grants for the Voluntary Sector

Publications gateway reference: 02381





*“Since its inception, NHS England has been committed to the principle of co-designing national health strategies with voluntary sector and patient groups, citizens and community partners”*

# VCSE Review

## **Investing in partnerships for health & wellbeing interim report March 2015**

this report sets out some options for changing the landscape through:

- co-commissioning,
- co-designing and measuring outcomes,
- rebalancing the mix of grant and contract funding and,
- re-focusing the central grants programme

The Group’s final report – **will be published early in 2016**

<https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2015/05/vcse-review-interim-report.pdf>

## 2. Supporting regional engagement between NHS commissioners & the VCSE

Health and wellbeing boards & JSNA



Clinical commissioning groups



Public health



Healthwatch



The voluntary sector and wellbeing



Social care



Changes in health and care



Monitor, CQC and FTs



NHS Commissioning Board



- Briefings which enabling citizens and VCSE organisations to understand primary care commissioning
- Articles promoting engagement between commissioners and the VCSE Regional
- Working links established with local regional and local commissioners (NHSE and CCG)
- Information shared in bulletins which promotes regional engagement between commissioners and VCS

Regional Voices website has a host of useful resources collected from regional partners around the country

<http://www.regionalvoices.org/VCS-Intelligence>

<http://www.regionalvoices.org/developments>

## 2. Supporting regional engagement between NHS commissioners & the VCSE Resources....Building on what we have already done

### Clinical Commissioning: A Guide for the Voluntary and Community Sector

*Highlight different ways for the voluntary and community sector to engage with clinical commissioners, including commissioning support structures.*

<http://www.regionalvoices.org/node/133>

### Comparing apples with oranges? How to make better use of evidence from the voluntary and community sector to improve health outcomes

*Draws on examples from around the country, it aims to support health and wellbeing boards in thinking about the way they currently use voluntary and community sector evidence and to help them consider the different ways they could be using it*

<http://www.nhsconfed.org/resources/2014/08/comparing-apples-with-oranges>

### Practical guide to engaging with clinical commissioning groups

*This guide for voluntary organisations provides practical steps to follow to develop relationships with Clinical Commissioning Groups. [www.compactvoice.org.uk](http://www.compactvoice.org.uk)*

# Promote VCSE understanding of and involvement in service redesign and Vanguards

Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

## Multispecialty community providers

*moving specialist care out of hospitals into the community*

Many of the new care models are focused on existing emerging models some of which seek to make better use of voluntary and community services which can support people with long term conditions to meet their health and wellbeing needs.

## Enhanced health in care homes

*offering older people better, joined up health, care and rehabilitation services*

## Integrated primary and acute care systems

*joining up GP, hospital, community and mental health services*

## Acute care collaboration

*local hospitals working together to enhance clinical and financial viability*

Many Vanguards are still in early stages of development

Range greatly in size

Locally Shaped

Few have new funding

## Urgent and emergency care

*new approaches to improve the coordination of services and reduce pressure on A&E departments*

## Five new care models

**NHS Five  
Year  
Forward  
View - New  
models of  
care**

[https://www.youtube.com/watch?v=aiSGI\\_cksRc](https://www.youtube.com/watch?v=aiSGI_cksRc)

# East Midlands New Care Models: Vanguard Sites



**Integrated primary and acute care systems (PACs)**  
**Mid Nottinghamshire Better Together.**

**Multispecialty community providers (MCPs)**

- Erewash Multispeciality Community Provider
- Lakeside Healthcare (Northamptonshire)
- Principia Partners in Health (Southern Nottinghamshire)

**Models of enhanced care in care homes**

- Nottingham City CCG

**Urgent and emergency care**

- Greater Nottingham System Resilience Group
- Leicester, Leicestershire & Rutland System Resilience Group

**Acute care collaboration vanguards**

- East Midlands Radiology Consortium (EMRAD) (Radiology single-specialty network)
- Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)

Information about the Vanguards are available on Wellbeing East Midlands web pages – which will be periodically updated

[http://www.oneeastmidlands.org.uk/NewCareModels\\_VanguardSites\\_intro](http://www.oneeastmidlands.org.uk/NewCareModels_VanguardSites_intro)

[www.oneeastmidlands.org.uk/EastMidlands\\_EoE\\_NewCareModels\\_VanguardSites](http://www.oneeastmidlands.org.uk/EastMidlands_EoE_NewCareModels_VanguardSites)

# Over coming weeks speaking with the Vanguards and CCG's about the engagement with the VCS Are we asking the right questions?

- What are the key issues when it comes to co-production with the VCSE?
- What additional support does the VCSE sector need to enable it to respond to alternative funding models?
- What support would be beneficial *for commissioners* in recognising and working with the diversity of the market?
- What role is there for the VCS within the New Models of Care?

## What questions do you want us to ask?

# Do you have or know of any examples we can turn into case studies?

- **VCSE engagement with Clinical Commissioning Groups?**
- **Successful grant funding for the VCSE from Health Commissioners?**
- **Involvement with the new models of care Vanguards**

## What would help You?

- Resources/briefings?
- Events/training/Networking?

# Thank You

Please get in touch and sign up to the  
Wellbeing East Midlands e-bulletin

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\*With the closure of One East Midlands Wellbeing East Midlands is being hosted by Self Help UK