

30 June 2011



Reflections on the listening exercise; the HR transition programme; the education and training consultation; maintaining and improving quality healthcare; leadership; QIPP; clinical commissioning groups and personal health budgets were just some of the topics discussed at the June meeting of the Social Partnership Forum (SPF).

Introduction

The meeting was chaired by Clare Chapman. Simon Burns, Minister of State (Health) sent his apologies due to parliamentary business. Lesley Mercer, standing in for Christina McAnea, chaired the staff side. It was Clare's last SPF before she left the Department of Health to take up a role working for BT. Lesley said that the trade unions were sorry that Clare was leaving after four and half years in the Department of Health and felt that she had demonstrated a strong commitment to working in partnership. Dean Royles, Director of NHS Employers echoed this view and said that in particular Clare's work on the NHS Constitution was a legacy she should be proud of. Everyone wished Clare best wishes for the future and also welcomed Jan Sobieraj to the meeting. Jan will be taking on Clare's role on an interim basis.

Reflections on the listening exercise

Richard Douglas the principal Accounting Officer for the Department of Health, spoke briefly on the result of the listening exercise. He said that the Department of Health were aware how important it was to use mechanisms, such as the SPF, to ensure there is proper engagement on the development of health policy. There was agreement that the listening exercise workshop held following the SPF meeting in May had been productive.

Progress of HR Transition Programme

Nic Greenfield from the Department of Health advised the [HR Transition Framework](#) should be published 7 July 2011. More detailed information on the process for moving staff to new organisations would be made available in People Transition Policy documents which should be published later in the year. John Restell (NHS Trade Union) highlighted the need to manage expectations and that there was likely to be disappointment in the service that the framework did not go into more detail on the transition process. He said that the biggest challenge was to have an overview on all the work which was going on in the transition and to ensure that it was co-ordinated and there was no duplication. Greg Allen from NHS Devon flagged up that there would be a workshop on the 5 July involving the key stakeholders to look at the impact of the proposed changes on staff working in public health. This had the aim to produce high level principles to help manage the transition for public health staff.

Education & Training consultation and next steps

Jamie Rentoul from the Department of Health spoke on this item. He said that they had heard some key messages from the listening exercise on Education and Training which they would act on such as concern regarding the pace of the changes and the need to secure continuity for the work carried out currently by post-graduate deans and SHA staff involved in developing the workforce in the new arrangements. Gill Bellord from NHS Employers highlighted the need to maintain stability in the system whilst changes to structures, such as clustering and finally abolition of SHAs, is going on. The Department planned to continue working with stakeholders and publish further proposals in the autumn. Jamie offered to organise a workshop in September to allow the SPF to contribute to this work. The forum welcomed Jamie's offer.

Maintaining and improving quality during transition

Giles Wilmore from the Department of Health gave the context to this initiative. In view of the risk that organisational change can pose and in light of the Francis Inquiry, the National Quality Board had provided advice on how quality can be maintained and improved during the transition. The NQB report, published in March, included a recommendation that a leaflet be produced for frontline staff. The Department had produced a one page draft leaflet and was keen to seek views from the Social Partners. They proposed to circulate a final version of the leaflet to NHS organisations. The intention was that individual organisations would customise the leaflet to their local circumstances. The leaflet would encourage staff to suggest ways to improve the standards of healthcare and report any incidents of poor quality. The NHS trade unions were supportive of the concept of the leaflet but thought it needed further work to ensure it was effective and there would need to be good communications to publicise it. They also expressed a concern that in the current climate where there are job reductions going on in the service that staff may be unwilling to raise issues for fear of making an impact on their future employment. Employers suggested that it would be useful if local authorities were also included in this initiative. Also the importance of staff engagement, and the evidence of its beneficial impact on patient care, should continue to be publicised. They also stressed that a good employer would want to know where things were going wrong so they could use the information to improve services. Partners agreed to get back to Giles with written comments on the leaflet and suggestions on how it could be disseminated to ensure it was most effective.

Embedding the leadership competency based framework

Deborah Chafer, Programme Director NLC Clinical Leadership, talked about the leadership competency based framework which the Secretary of State had launched. Deborah was particularly keen to get the views of members on how best to publicise the framework and encourage adoption. Lesley said that the trade unions saw this as important work and suggested that the framework could be embedded in to the system through union learning representatives. Dean said that NHS Employers also supported the framework and would be delighted to have a session on this at their conference in November. Partners agreed to work offline to look in to the best way to embed the framework.

QIPP

In response to questions supplied prior to the meeting by the NHS trade unions, Matt Tagney from the Department of Health said that it was too early to quantify QIPP savings. These and other examples were available on the [NHS Evidence website](#). The NHS trade unions pointed to a [research report](#) for Central Office of information on behalf the Department of Health (June 2011) , which indicated that there was an increase in the percentage of staff who expected the quality of care provided in the NHS to get worse. There was concern that the QIPP agenda was being viewed by some organisations as a cost cutting exercise. They said that there needed to be an increased awareness of QIPP and how it can help improve patient care. Employers said that often QIPP initiatives came under a different banner locally and there may be a need to be more explicit. Trade unions also raised the issue of prevention and that short-term investment in such things as falls prevention could save costs in the long term. The Department agreed that this was an important element of QIPP and that initiatives like that were being included in local and regional QIPP Plans. It was agreed that for the next SPF in October, NHS Employers and the NHS trade unions will scope a paper which will outline additional opportunities to engage with the workforce to help improve quality and productivity simultaneously and that the Department would share work with the SPF on removing barriers to QIPP implementation and aligning incentives across the health and social care system.

Clinical Commissioning Groups (CCG)

Ben Dyson from the Department of Health updated the meeting. He said that the pathfinder programme was still in place and the big focus in the next few months will be how to embed patient and public involvement; how to develop relationships with emerging health and wellbeing boards; and to resolve issues relating to geography and the relationship with local authority boundaries. Ben also confirmed that, although the NHS Commissioning Board would draw on the views of health and wellbeing boards and clinical senates/networks, it was only the Board that would have statutory responsibility for ensuring CCGs discharged their duties appropriately. The NHS trade unions asked about how partnership working could be embedded in the new structures; when would more detail be available on commissioning support organisations; and queried whether CCGs would be of a sufficient size to effectively commission some services, such as maternity. Ben said that there was a lot of work going on between PCT clusters and pathfinders on the functions that CCGs would want done in-house, the functions that would be best carried out collaboratively across CCGs or between CCGs and local authorities, e.g. by a lead commissioner, and those that would be best carried out by commissioning support providers. Ben said that a document would be published very shortly setting out the role of the NHS Commissioning Board and helping to provide clarity about its relationship with CCGs and with other organisations. It was likely that the clinical senates hosted by the NHSCB would cover relatively large geographies and were not intended to preclude CCGs developing more local networks of health and care professionals to support effective commissioning. It would be important to ensure there is no duplication and that the relationship between the NHSCB and CCGs was mutually supporting and collaborative. He also said that working to embed partnership working would be best done later in the year when there is more clarity on the structures that will be in place. It was agreed that there would be further engagement with the SPF in

September to look at how best to embed partnership principles and learning in new organisational forms, especially clinical commissioning groups.

Personal Health Budgets

Alison Austin from the Department of Health introduced this item and responded to the written questions on personal health budgets provided by partners prior to the meeting. She said that progress with the pilots had been initially slower than expected but that over 2000 patients had been recruited to the pilot. She advised that it would take time to introduce the cultural change in the NHS to implement personal health budgets effectively. Two interim evaluation reports had been published looking at project lead and practitioner early experiences. In addition to the evaluation the pilot sites were working with DH to develop best practice and other practical information that will support future rollout of personal health budgets. The NHS trade unions thanked Alison for the update but said there needed to be more information in relation to the implications of the policy on the workforce. NHS Employers were also keen to get more information on the impact on the workforce and also to find out, in more detail, how the patient pathways worked. Alison said that they were working with the pilot sites to look at the workforce implications. The overall evaluation report, due to be produced in 2012, should address these. NHS trade unions were keen to have a more detailed response to questions posed, building on work already undertaken. It was agreed that Alison would come to the following SPF in October to update further on progress with personal health budgets and its impact on the workforce.