

## NHS Future Forum: what do their recommendations mean for homeless patients?

The following table highlights how the recommendations made by the Future Forum respond to areas of concern highlighted in Homeless Link's submission. We are encouraged that many of the issues we raised about protecting the health of homeless and disadvantaged patients have been picked up both by the Future Forum members and by the Government in their response, with specific changes identified by the Government to address these. Over the coming weeks we will be working with the sector to ensure these, and our other concerns, are carried forward as the Bill is amended.

OUR CONCERNS <sup>1</sup>	FUTURE FORUM RECOMMENDATIONS <sup>2</sup>	GOVERNMENT CHANGES IN RESPONSE <sup>3</sup>
<p><b>There is not enough accountability for addressing the health inequalities of the most excluded.</b></p> <p>Although we welcome the inclusion of specific duties to reduce inequalities, there is a lack of detail in the Bill about how Consortia and the NHS Commissioning Board will be held to account for meeting these duties.</p> <p>Amid immense other pressures for NHS Board and Consortia, we are concerned that without stronger accountability, this responsibility will not be achieved. This group has been consistently overlooked in the past: we need a stronger commitment that the Bill will grasp the opportunity to change this.</p>	<p>Commissioning consortia must at a minimum have a governing body, with independent membership, which holds meetings in public and consults publicly on commissioning plans. These safeguards will help secure the best outcomes for communities and help guard against any conflicts of interest.</p> <p>Health and wellbeing boards' role should be strengthened. They should agree commissioning plans, be able to refer concerns about consortia's commissioning plans to the NHS Commissioning Board and contribute to their annual assessment.</p> <p>The Mandate for the NHS Commissioning Board, the outcomes frameworks for the NHS, public health and social care, commissioning plans and other system levers and incentives must all be used to help reduce health inequalities and improve the health of the most vulnerable.</p>	<p>Every commissioning group will have a governing body with decision-making powers, to ensure that decisions about patient services and use of taxpayers' money are made in an open, transparent and accountable way. There must be at least two lay members, one with a lead role in championing patient and public involvement, the other with a lead role in overseeing key elements of governance such as audit, remuneration and managing conflicts of interest.</p>

<sup>1</sup> Please see <http://www.homeless.org.uk/closed-consultations> to see Homeless Link's submission to the Future Forum

<sup>2</sup> The Future Forum's recommendations can be found on DH website [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443)

<sup>3</sup> The Government published its response on 20 June 2011 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127444](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444)

<p><b>Patients who are unregistered risk being overlooked in the new structures.</b></p> <p>The Consortia have been given responsibility for people in contact with services in their area or a 'prescribed' connection which is not defined.</p> <p>Evidence shows that homeless people are refused registration by some GP practices due to their perceived 'chaotic' and transient lifestyles (latest research shows nearly 1 in 10 are refused GP access for this reason). We are concerned that Consortia will not see this client group as their responsibility, leaving them invisible in commissioning considerations and without the services they need.</p>	<p>Monitor, the Care Quality Commission, the NHS Commissioning Board and commissioning consortia should all set out how they are meeting their duty to have regard to the NHS Constitution in their annual reports. [<i>Given the constitution's emphasis on inclusion and care for all it is reasonable to expect that this duty should include a focus on all members of the population</i>].</p> <p>In primary care we need to continue to improve access to services, reduce variations in their quality and provide additional services that help to keep people out of hospital.</p>	<p>We will make it explicit in the Bill that commissioning groups must commission all urgent and emergency care within their boundaries, and are also responsible for any unregistered patients who live in their area. In other words, they will be responsible for their whole population not just their registered patients</p> <p>The NHS Commissioning Board and commissioning consortia will be met their existing duty to have regard to the Constitution required to take active steps to promote the Constitution. The Board, Monitor and the Care Quality Commission will say in their annual reports how they have.</p> <p>We will uphold all of the patient rights in the NHS Constitution. Where necessary we will adapt the way these rights are given legal force, to ensure they have the same legal force under the new legislation</p>
<p><b>The Bill does not put enough in place to fully integrate health commissioning with wider local factors and services which will impact on achieving health outcomes.</b></p> <p>Although the bill makes reference to working with 'health related services', there should be stronger requirement for joint working, at both Consortia and Health and Wellbeing boards, to ensure local commissioning is integrated.</p> <p>Despite the impact housing has on people's health, there is no provision for Health and wellbeing boards to incorporate housing needs assessments into developing strategies or discharging other duties, despite housing being</p>	<p>The Bill should require commissioning consortia to obtain all relevant multi-professional advice to inform commissioning decisions and the authorisation and annual assessment process should be used to assure this.</p> <p>Clinical senates should be established to provide strategic advice to local commissioning consortia, health and wellbeing boards and the NHS Commissioning Board.</p> <p>Better integration of commissioning across health and social care should be the ambition for all local areas. To support the system to make progress towards this, the boundaries of local commissioning consortia should not normally cross those of local</p>	<p>HWBs will have a stronger role in promoting joint commissioning and integrated provision between health, public health and social care</p> <p>Local authorities will still be able to challenge any proposals for the substantial reconfiguration of services, and we will retain the Government's four tests for assessing service reconfigurations.</p> <p>Clinical commissioning groups will have a duty to promote integrated health and social care around the needs of users. We accept the recommendation of the Future Forum that their boundaries should not normally cross those of local authorities, with any departure needing to be clearly justified</p>

<p>a key factor on achieving health outcomes</p>	<p>authorities, with any departure needing to be clearly justified.</p> <p>We expect to see the NHS Commissioning Board actively supporting the commissioning of integrated packages of care.</p> <p>To mitigate boundaries between health services, social services and public health services the Forum recommend that incentives need to be aligned across health and social care, with joint outcomes and financial mechanisms to drive this.</p> <p>Government and NHS Commissioning Board should set up pathfinder sites where real joint-commissioning of integrated services is happening.</p>	<p>Monitor will be required to support the delivery of integrated services for patients where this would improve quality of care for patients or improve efficiency.</p> <p>In addition to revising Monitor's core duty, we will create a new duty for clinical commissioning groups to promote integrated services for patients, both within the NHS and between health, social care and other local services; and we will strengthen the existing duty on the NHS Commissioning Board.</p>
<p><b>There are not enough mechanisms to support a meaningful 'patient voice', particularly for the most vulnerable.</b></p> <p>Despite the role described for Healthwatch in the Bill, and the duties for it lacks the authority and resources to enable them to fulfil this.</p> <p>We also believe that despite the emphasis on patient choice there are insufficient mechanisms for public and community groups to be represented in decision making.</p> <p>It is unclear how they can hold decisions to account should they feel services are not paying due regard to the JSNA or meeting the needs of certain population groups.</p>	<p>The declaration of 'no decision about me, without me' must become a reality, supported by stronger and clearer duties of involvement written into the Bill focused on the principles of shared decision-making.</p> <p>A Citizens Panel, as part of Healthwatch England, should report to Parliament on how well the choice and competition mandate has been implemented. Work should be done to give citizens a new 'Right to Challenge' poor quality services and lack of choice.</p> <p>Patients given the right to challenge commissioners at local level where they feel that choice does not exist and where they feel that services are not good enough.</p> <p>The definition of 'patient involvement' in relation to the duty 'to involve' and duty 'to promote patient</p>	<p>We will amend commissioners' duties to involve patients and carers in their own care to better reflect the principle of "no decision about me without me".</p> <p>As recommended by the Future Forum's report, HealthWatch England will have the power to establish a citizens' panel, or equivalent arrangement, to look at how choice and competition are working, and inform HealthWatch's annual report to Parliament.</p> <p>Following the Future Forum's recommendation, we will carry out further work on the feasibility of a citizens 'Right to Challenge' poor quality services and lack of choice.</p> <p>We will make a number of changes to provide greater assurance that commissioning will involve patients, carers and the public and a wide range of doctors, nurses and other health and care professionals.</p>

	<p>involvement' should be made stronger and clearer in the Bill.</p> <p>There should be independent representation on commissioning consortia governing bodies with specific responsibility for ensuring that their 'duty to involve' is effectively fulfilled.</p>	<p>We will retain and strengthen the clinical networks of experts, including patient and carer representatives, so that they cover many more areas of specialist care. We will give networks a stronger role in commissioning, in support of the NHS Commissioning Board and local clinical commissioning groups.</p> <p>We will give Health and Wellbeing Boards a new duty to involve users and the public.</p> <p>There will be a new requirement for the Care Quality Commission to respond to advice from its HealthWatch England subcommittee. The Secretary of State will be required to consult HealthWatch England on the mandate to the NHS Commissioning Board.</p> <p>We will add an explicit requirement that local HealthWatch membership is representative of different users, including carers</p> <p>We will further clarify the duties on the NHS Commissioning Board and clinical commissioning groups to involve patients, carers and the public in commissioning decisions and will require commissioning groups to consult on their annual commissioning plans to ensure proper opportunities for public input. They will have to involve the public on any changes that affect patient services, not just those with a "significant" impact.</p> <p>Monitor's core duty will be to protect and promote patients' interests.</p>
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<p><b>The focus on competition will provide a disincentive to treat groups, such as homeless people, perceived as complex and 'costly'.</b></p> <p>Health outcomes can be harder to achieve for those with the highest inequalities in access and outcomes, and any proposals for 'any willing provider' must take this into account so that 'cherry picking' of patients does not marginalise homeless people even further.</p> <p>We are also concerned that increased competition will dis-incentivise collaborative and integrated working between providers, leading to more siloed and fragmented services.</p>	<p>It is clear that more needs to be done to ensure that cherry-picking does not undermine the quality of services that patients have access to locally.</p> <p>Monitor's primary duty to 'promote' competition should be removed and the Bill amended to require Monitor to support choice, collaboration and integration.</p> <p>There need to be changes to the current plans to put stronger safeguards in place against the misuse of competition.</p>	<p>So that providers cannot "cherry pick" the profitable, "easy" cases, services will be covered by a system of prices that accurately reflect clinical complexity, except where this is not practical. Commissioners will be required to follow "best value" principles when tendering for non-tariff services, rather than simply choosing the lowest price.</p>
<p><b>Low volume services will not be prioritised or viable in locally-set commissioning plans</b></p> <p>Homeless people require targeted, specialist services as mainstream services can be inaccessible and are not set up to adequately address multiple problems.</p> <p>These specialist services are likely to constitute 'low volume' services in some areas and hence a non-priority. To commission such services may require a regional or pan-authority approach which the current proposals do not encourage.</p>	<p>At a national level, there needs to be absolute clarity that the Secretary of State for Health is ultimately accountable to Parliament for a comprehensive health service – a responsibility against which he should annually report. This is too fundamental a principle on which to allow any ambiguity.</p>	<p>We will also make clear that the Secretary of State will also retain ultimate accountability for securing the provision of services through his relationship with the NHS bodies to be established through the Bill.</p>

<sup>1</sup> Findings from the national pilot of a health audit which surveyed over 700 homeless people, [www.homeless.org.uk/health-needs-audit](http://www.homeless.org.uk/health-needs-audit)