



TOGETHER WE CARE



The Case for a Top Tier Membership

Part of an organisational development demonstration project

Jayne Taylor

Graham English

NHS Centre for Involvement

What we will cover.....

- The background
- The drivers
- What we found
- Over to you

The background

The Organisational Development demonstration programme

- Working across ten strategic health authorities
- Baseline assessment of involvement (the diagnostic)
- Specific priority areas to model best practice in involvement i.e. LINKs, Commissioning, Urgent Care, option 4 (the service improvement element)
- Sharing the learning
- Generating resources

To date

- By the end of June we have completed twenty four full projects (including NHS Hull)
- We have completed five smaller case studies
- By the end of August three more full projects will be completed
- All can be accessed on the respective web sites of the organisations and the NHS Centre for Involvement
www.nhscentreforinvolvement.nhs.uk

What we did in Hull



- The diagnostic process showed that the PCT had made an exemplary start across all fields that we looked at. Whilst it is too early to evaluate some of the initiatives the building blocks are in place.
- The service improvement element, at the request of NHS Hull, looked at the evidence to support decision making around proposed membership models – particularly the need for a ‘top tier’. This is the focus of the rest of this presentation.....

First the drivers

- People and communities having more power
- Active citizens and the value of volunteering
- Access to information
- Having an influence
- Challenge
- Redress
- Standing for Office
- Ownership and Control



Communities in control: real people, real power



Plus we had.....



....stated that the *status quo* had to change and that public services that commissioned and/or provided services had a duty to 'systematically and rigorously' find out what people both wanted and needed from their health services. The onus of responsibility to carry out this duty was firmly placed on the organisations and included a requirement to 'reach out to those whose needs are greatest but whose voices are often least heard'.

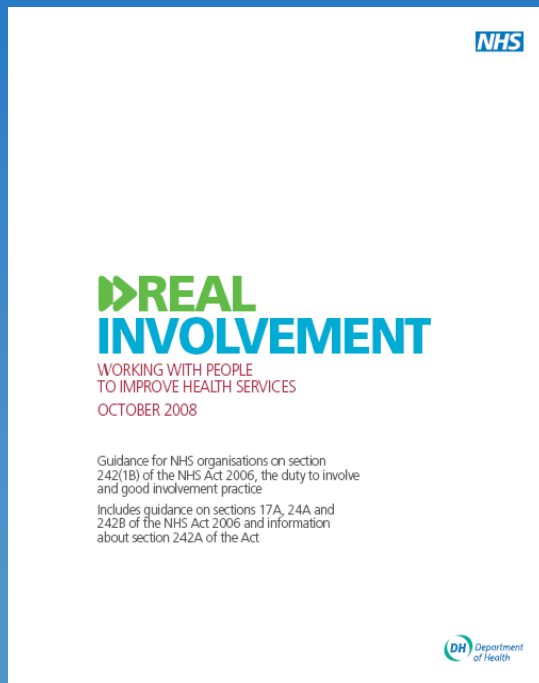
More drivers

The logo for 'ourNHS our future', with 'ourNHS' in a sans-serif font (where 'our' is purple and 'NHS' is blue) and 'our future' in a purple script font below it.

“You will be involved. The local NHS will involve patients, their carers, the public and other key partners. Those affected by proposed changes will have a chance to have their say and offer their contribution.”

And more.....

Real Involvement, is statutory guidance for section 242(1B) of the NHS Act 2006.



+



And finally....

worldclasscommissioning

... better health and well-being for all

- People will live healthier and longer lives
- Health inequalities will be dramatically reduced

... better care for all

- Services will be evidence-based and of the best quality
- People will have choice and control over the services that they use, so they become more personalised

... better value for all

- Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources
- PCTs will work with others to optimise effective care

What we did.....

- A detailed review of evidence around what are the possible 'top-tier' models for a membership organisation.
- An analysis of the strengths and weaknesses of each of the identified models within the context of the World Class Commissioning (WCC) competencies (DH, 2007).
- Production of a report.

Local context

- Previous experiences of trying to motivate people in Hull to become interested enough in health issues to become involved had not been positive.
- The PCT membership proposals were ‘hitting the streets’ at the same time as the mental health trust membership scheme and the acute trust membership scheme. The three Trusts were working closely together but awareness and sensitivity was needed to ensure synergy between the emergent models.
- The new Local Involvement Networks (LINKs) which have replaced and expanded the functions of the Patient and Public Involvement Forums (PPIFs) were launched from April 2008. Their remit is to help local people and organisations to have a voice in their local health and social care services. They too were (and are) recruiting to a membership.

National context

- Foundation Trusts, which are public benefit corporations that place public, patients and stakeholder involvement at the heart of governance, under the Health and Social Care (Community Health and Standards) Act 2003 have to adopt a membership model in order to succeed the demanding authorisation process.
- Some flexibility around what the membership model looks like as long as the 'legal minimum' is met.
- No current requirement for commissioning organisations to have membership.

Where they already were



NHS Hull had already launched its membership scheme which included a **Core** comprising three constituencies of:

- Individual members (public and patient constituencies)
- Staff members
- Voluntary and community sector organisation members.

(The aim of the core membership was that a minimum of 1% of the population should be 'signed up' by the end of March 2009, which equates to about 2500 people. This has been surpassed.)

The proposed second level of membership was the **NHS Hull champions**. The option of having a shadow Board of Governors would probably mean electing a Board from this level of membership i.e. the NHS Hull champions.

Options – the starting point

From the outset of the Service Improvement Project NHS Hull identified two possible options for a 'top tier' and these formed the starting point for the collation of the evidence about possible structures. The two possible options were:

- A shadow *Board of Governors* elected from a middle tier membership currently referred to as NHS Hull Champions. The Board of Governors and the PCT Board would have a common chair.
- A *Health Congress* that would sit alongside the PCT. The chair of the Health Congress would not be the chair of the PCT Board but would meet regularly with the PCT chair and chief executive.

Plus:

- Emerging option of 'no top tier'

Seven possible options

- **The Board of Governors**
 - **Health Congress**
 - **Practice Based Commissioning Membership Model**
 - **Health Systems-Wide Model**
 - **Social Enterprise principles e.g. co-operative, mutual or public benefit organisations (discounted)**
 - **LINK**
 - **No top tier**
- Plus:**
- **A combination of one or more**

Analysis

- Background
- Strengths
- Weaknesses
- Opportunities
- Threats
- Contribution to competencies 1, 2 and 3 (World Class Commissioning)

Conclusions

- Board of Governors viable **with** market segmentation.
- Health Congress viable **with** clear vision about how it would work with the membership and champions.
- Practice Based Commissioning option viable.
- Health systems wide option potentially viable but not at this time.
- Social enterprise principles (discounted).
- LINk option potentially viable but not at this time.
- No top tier viable.
- Combinations viable.

What next?

- NHS Hull to debate the options – early July
- To consider the options in light of the World Class Commissioning panel assessment and the publication of the e cycle
- To continue the excellent debate



NHS Centre for Involvement



- Modelling and facilitating transformation
 - Building capacity
 - Supporting a sustainable approach to change
- Contact us at: www.nhscentreforinvolvement.nhs.uk
- See our website: www.nhscentreforinvolvement.nhs.uk

The NHS Centre for Involvement team sends NHS Hull our best wishes for whichever direction their membership scheme takes them!

Thank you for listening – any questions?