27 July 2018

Simon Stevens, Chief Executive, NHS England  
Ian Dalton CBE, Chief Executive, NHS Improvement

Dear Simon and Ian,

I am writing to you on behalf of the Community Network board regarding the development of the NHS 10 year plan and five year delivery plan and the importance of an integrated community based model being a key feature of these plans.

The Community Network has been established by NHS Providers and the NHS Confederation. It represents trusts, foundation trusts and community interest companies providing NHS community health services including integrated acute, community and mental health organisations, as well as standalone community trusts. The board is made up of representatives of all these types of organisations.

We were pleased to read Simon’s comments in the HSJ recently about the 10 year plan accelerating the spread of the care redesign agenda through integration. One of the successes of the NHS Five Year Forward View was the development of new care models that took a population health focussed approach to integrating care and investing in community health services.

The recent Institute of Fiscal Studies and Health Foundation report set out that without rebalancing the focus to providing more care in the community and closer to people’s homes, it is likely that we will need to double acute hospital provision over the next fifteen years to meet growing demand. Ultimately we need to do something fundamentally different.

We would therefore like to work with your teams to develop the detail underpinning a model for community health services, and a strategy for its spread across the country through sustainability and transformation partnerships and integrated care systems.

The community based approach adopted by a number of vanguard projects and wider integration projects across the country has proven to be successful. As the NAO has reported, these models achieved a slower growth rate of hospital emergency
admissions. There is a consistent theme and some key features that sit at the heart of these models for adult community services. These features tend to include:

- serving a community of 30,000 – 50,000 people;
- involving partners from across acute, community, mental health, primary care and social care;
- having a clear focus on prevention;
- sharing data across all parts of the local system
- establishing multi-disciplinary teams working across organisational boundaries;
- whole population risk stratification; and
- adopting an asset based approach to managing health and wellbeing

This approach has allowed partners across a local health economy to redesign care around the health of a population, irrespective of institutional arrangements. Ultimately, it is not about the organisational form. It is about the uptake of a successful model across the country.

The Community Network board believes that the scale and spread of a community based model to managing population health and care needs to be one of the key priorities of the forthcoming NHS plan. We would like to work with your teams to develop and industrialise the model further. The features of a successful model for children’s community services do differ from the above and we would welcome the opportunity to discuss this further with you as well.

I look forward to discussing this further with you and your team(s) developing the ten year plan.

Yours sincerely

Matthew Winn
Chair
Community Network