

Department of Health 2013 Stakeholder Research

Final report

August 2013

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Executive Summary

Executive Summary

The Department of Health (DH) commissioned Ipsos MORI to undertake research into stakeholder perceptions of working with DH. This report is based on the findings of the 107 in-depth interviews which were conducted between 8th July and 9th August 2013. The discussions were predominantly qualitative with some quantitative tracking questions. Please note that qualitative research is illustrative and exploratory rather than statistically reliable, and based on perceptions rather than realities.

A wide range of views were expressed about DH, reflecting the diverse range of organisations in the sample. However, there were key themes that emerged from across the interviews. This executive summary focuses on these.

The context

The Health and Social Care Act 2012 was reported to have had a negative impact on many stakeholder relationships in the 2012 wave of this research and there was an expectation that it would still be a key issue in 2013. However, the 2012 Act did not appear to have left a lasting legacy in terms of perceptions of civil servants or working relationships. In fact, there was a large degree of goodwill toward officials and the Department was seen to have introduced a more inclusive approach to engaging its stakeholders.

At the time of this survey, just three months after the reforms came into effect, stakeholders expressed uncertainty as to how DH viewed and was implementing its new role. There was a perception that the Department was acting in ways that stakeholders hadn't expected during the passage of the 2012 Act – namely by maintaining more of a focus on operational issues than they had envisaged. This mismatch of expectations and actual experience was at the time creating uncertainty and a degree of tension between the Department and its more strategic stakeholders in particular.

Indeed, this perceived approach appeared to have impacted upon the nature of stakeholders' interactions with the Department and its officials. Most stakeholders felt officials generally were doing a good job in challenging circumstances, but the lack of clarity that then existed was leading stakeholders to raise questions about the role, vision and available skill set of the Department.

The status of working relationships

Stakeholders were broadly positive about how they were being engaged and felt officials were doing their utmost to establish productive working arrangements. Likewise, they tended to agree that DH was good to do business with.

While DH's approach to stakeholder engagement was widely viewed as being on a positive trajectory, stakeholders perceived relationships to be in transition. While there was recognition that DH is seeking to change its behaviours, and some had seen positive results, it was too early for most to provide definitive judgements on whether DH was systematically involving stakeholders in its work in a more tailored and effective manner. Concerns were also evident regarding the future of working relationships as officials leave DH and responsibilities move to other bodies. For this reason, clarity, coherence and continuity in personal relationships were desired.

While working relationships were generally viewed positively, areas for improvement were highlighted. These included working in a more joined up manner to avoid duplication; having greater respect for stakeholder's time; and embedding a culture of openness and genuine

two-way listening and engagement. DH was seen to have progressed in these areas but had further to go.

In terms of more formal mechanisms, some felt the National Stakeholder Forum, in particular, could be more tailored and targeted, and that stakeholder input could be more openly and effectively used and fed back.

DH's position in the wider system

When surveyed in July 2013, stakeholders were then unclear how the new architecture fit together, and how they themselves should interact with it. There was particular confusion about how the new system would work in practice; especially in terms of DH and NHS England's relationship, and who had responsibility for overseeing the operational delivery of health services.

Most participants were able to elucidate that they expected DH to be responsible for oversight, strategy and brokering relationships, while the responsibility for delivery as set out by the legislation was thought to be NHS England's domain. However, some stakeholders felt DH was taking more of an active focus on operational delivery and performance management than originally intended by the act.

Consequently, at the time of the survey, stakeholders felt the system was incoherent and were uncertain how DH planned to execute its role in future. They also could not say with any confidence whether DH was well placed to deliver on its new role, because many felt this role has not settled or been finalised yet. This had a measurable impact as the quantitative findings show that the majority of stakeholders either disagreed that DH has the skills necessary to successfully deliver its new role, or felt the jury was still out.

The consensus was that greater clarity was required, and that DH needed to provide leadership and direction to ensure the system, and the Department itself, can function effectively.

Stakeholder perceptions of policy making

While in the 2012 research the DH approach to involving stakeholders in policy making was a major topic of discussion, this year the focus was more on the transition to its new role. However, stakeholders still offered useful insights into how the Department had involved them in the process of making policy. The Care and Support Bill was viewed particularly positively, as those involved felt DH was committed to consulting fully and engaging them throughout and set up a transparent and open process that achieved this.

Despite this progress, not all policy engagement was seen to be as effective. There were still examples of disjointed policy making, short notice consultation, and a lack of feedback on how stakeholder input was used. Furthermore, given the changes in its role and the decline in its capacity, many stakeholders felt DH would need to use the expertise of its stakeholders more frequently, and earlier in the decision making process. Stakeholders also recognised that officials had to respond to ministerial agendas, and that at times this would lead to some conflict.

The majority of stakeholders were not aware of the Secretary of State's four key priorities, and some thought other issues such as integration and public health were included. Those who were aware saw them to be important aims but there was a feeling that DH needed to provide a more strategic vision of its long term direction of travel.

In terms of responding to the Francis Inquiry, DH was seen to have been measured and appropriate but some felt at the time that a strategic response had not yet emerged. Likewise, opinion was divided regarding whether DH has the patients and the public at the heart of its work – while most felt the aspiration and desire was there, the practicalities of embedding this across the Department was seen to be a challenge.

Future directions and challenges

Stakeholders with a more strategic focus felt that DH had to place more emphasis on leading the response to system defining issues such as the ageing population and the potential £30 billion funding gap. They felt that without direct action to resolve these issues the sector might become unsustainable. To help to resolve these issues, there were calls for DH to provide a more strategic narrative and vision. It was thought that providing this leadership could help to drive change, as well as providing greater stability and continuity across health and care.

The majority of stakeholders felt DH had to work with partners to make the new system architecture work. In essence, they were looking for the Department to clarify the roles and responsibilities of different bodies, and to communicate its vision of its role, as well as how it will work with stakeholders to deliver it. Linked to this, many stakeholders felt DH would need to face up to the challenge of stepping back from operational issues and allowing delivery organisations the freedom to perform their roles.

Stakeholders also felt DH would need to use their input and expertise more widely and consistently to meet the challenges it faces. Essentially, stakeholders wanted to see DH implement a more coherent and consistent engagement strategy with its stakeholders with the aim of building stronger relationships.

While stakeholders identified significant challenges, they felt there were opportunities for DH as well. Indeed, with the evolution of DH's role, there was a perception that DH has the chance to redefine its focus, and to resolve the issues facing the sector.

1. Introduction

1. Introduction

1.1 Background

The Department of Health (DH) commissioned Ipsos MORI to undertake a qualitative piece of stakeholder research across a broad cross-section of organisations it works with. DH conducts research into stakeholder perceptions on an annual basis and this work fits within that programme.

All stakeholder audits are valuable. However, the timing of this research made it particularly relevant given that 2012 had been a period of particular change in the health and care sector, driven by the Health and Social Care Act and the structural changes associated with it. DH was going through an especially challenging period due to significant changes to its role, and consequent revisions to its structure and personnel. As a result, the Department was still undergoing a period of transition, which involved establishing its new role within the system, and renewing and developing its relationships with existing and new stakeholders.

This was the first opportunity DH has had to assess stakeholder perceptions of its progress since the changes officially came into force in April 2013. In this context, it was important that DH understood the views of key partners to inform on-going stakeholder relationship management and the involvement of relevant stakeholders in policy development, as well as the wider work of the Department.

1.2 Research aims and objectives

The overall aim of this research was to help the Department of Health understand how it is perceived by its key stakeholders. Within this, the objectives of the research were to:

- identify stakeholders' perceptions and satisfaction with existing engagement and liaison mechanisms and approaches;
- assess the extent to which stakeholders think DH understands their aims and objectives;
- explore what amendments and new methods the Department could make to improve how it engages with stakeholders;
- investigate whether or not stakeholders view the Department as a good place to do business with, including:
 - where relationships are working well and why;
 - where they are not working well and why; and,
 - how relationships can be further improved;
- identify factors that will improve:
 - the degree to which DH listens and responds to its stakeholders;
 - the degree to which stakeholders are willing to act as advocates of the DH; and,
 - the degree to which DH is seen as good to do business with; and

- review the extent to which stakeholders feel that the Department has communicated effectively its new role within the reformed health and care system.

1.3 Methodology

In context of DH's changing role, an Immersion Phase was held at the beginning of the project to discuss the objectives of the research in greater depth, and to ensure that the discussion guide was designed to meet these objectives. This involved a roundtable workshop conducted by Ipsos MORI with the DH External Partnerships Team, and in-depth interviews with senior DH officials.

DH provided Ipsos MORI with a list of 138 organisations the Department had identified as key stakeholders from a broad range of health sector organisations. Ipsos MORI then conducted a total of **107 in-depth interviews with stakeholders**, meaning that **78% of organisations took part in the research**. Interviews were conducted between 8th July and 9th August 2013 and lasted on average between 30 and 45 minutes each.

Prior to fieldwork commencing, stakeholders were sent an email signed by Una O'Brien, the Permanent Secretary, which outlined the purpose of the research and invited them to take part. This was followed by an email from the research team at Ipsos MORI which provided additional information about the research. These communications were followed by a telephone call from one of Ipsos MORI's specialist recruiters, confirming whether or not the stakeholder wanted to participate and, where relevant, arranging a date and time for an interview.

While the named contact on the database was contacted in the first instance, referrals to an individual of similar seniority were accepted where appropriate. In total, twenty-three referrals were made.

Stakeholders were divided into groups by DH according to their different roles. The groups used were as follows:

- VCS & Social Enterprises
- Regulators & Statutory Bodies
- Arm's Length Bodies (ALBs)
- Other Government Departments (OGD)
- Professional Bodies
- Professional Education
- Umbrella & Membership Groups
- Commercial & Industry
- Trade Union & Staff Associations
- Local Government
- Research & Think Tanks

Recruiters were instructed to book a spread of appointments across these groups, though the numbers included in the initial sample did vary. The table below shows the number of each type of stakeholder in the sample given to Ipsos MORI, the number of interviews achieved and the response rate for each group. For a full breakdown of the organisations that participated in the research, please refer to the appendices in Chapter 9.

Respondent Type	Number in sample	Number of interviews achieved	Percentage that took part (%)
ALB	14	13	93%
Commercial & Industry	11	9	82%
Local Government	6	4	67%
OGD	15	10	67%
Professional Body	15	12	80%
Professional Education	2	1	50%
Regulators & Statutory Bodies	17	16	94%
Research & Think Tanks	3	1	33%
Trade Union & Staff Associations	10	7	70%
Umbrella & Membership Groups	14	8	57%
VSC & Social Enterprises	31	26	84%

All interviews were conducted using a discussion guide designed by Ipsos MORI in conjunction with DH. The majority of the guide was qualitative in style; however, it also included six quantitative questions. Four of these questions had been asked in previous stakeholder studies and were therefore used to provide indicative comparisons with previous studies. Two new questions were added to reflect the new role and objectives of DH.

The content of these depth interviews, including the quantitative element, was determined by the initial Immersion Phase. After a handful of interviews had been conducted, the guide was reviewed, although no changes were made. A copy of the discussion guide can be found in the appendices, Chapter 9.

1.4 Presentation and interpretation of data

To facilitate the reading of this report, each chapter includes a brief summary at the beginning. This summary provides an overview of the key points made within the chapter.

Where appropriate, we have discussed the findings in terms of the groupings respondents were put into by DH.

With the exception of quantitative questions asked in the course of the interviews, the data gathered in this research are qualitative. Unlike quantitative surveys, qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking.

It is illustrative and exploratory rather than statistically reliable, and based on perceptions rather than realities.

Qualitative research is intended to shed light on why people have particular views and how these views relate to the experiences of the participants concerned. One to one interviews enable respondents to participate in an informal and interactive discussion and to allow time for the complex issues to be addressed in some detail. It also enables researchers to test the strength of people's opinions. This approach, in other words, facilitates deeper insight into attitudes underlying the "top of the mind" responses to quantitative studies.

Verbatim comments from the interviews have been included within this report. These should not be interpreted as defining the views of all participants but have been selected to provide insight into a particular issue or topic expressed at a particular point in time.

All participants were assured that all responses would be anonymous and that information about individual cases would not be passed on to DH. At the end of each interview, interviewers checked the level of attribution that participants would be happy with. While some were content to be fully attributed, many asked for some level of anonymity. As a result, we have only attributed each quote at the level of occupational grouping provided by DH.

1.5 Acknowledgements

Special thanks go to the 107 stakeholders who took part in the in-depth interviews with no financial recompense.

1.6 Publication of data

As DH engaged Ipsos MORI to undertake an objective programme of work, it is important to protect its interests by ensuring that the research is accurately reflected in any press release or publication of findings. As part of our standard terms and conditions of contract, the publication of the findings of these results is subject to the advance approval of Ipsos MORI. Such approval would only be refused on the grounds of inaccuracy or misrepresentation.

2. The context

2. The context

Chapter summary

The 2012 wave of DH stakeholder research found the passage of the Health and Social Care Act 2012 to have been a difficult period for DH-stakeholder relationships. However, this does not appear to have had a lasting impact on perceptions of the Department. Instead, it was widely felt that DH had learnt from this turbulent period and had acted positively to engage and involve stakeholders more effectively. Some attributed this to a change in Secretary of State and a consequent attitudinal shift within DH.

However, the consequences of the 2012 Act (namely the change in DH's role and the restructuring of the system) did appear to have impacted on stakeholder perceptions of the Department and were recurring themes in many interviews.

The main issue raised by stakeholders was that they had expected DH to take a more arm's length approach once the 2012 Act had been implemented than was evident at the time of the survey. This mismatch of expectations and actual experience seemed to have created a level of tension between the Department and some of its more strategic stakeholders and was perceived to be affecting the nature of stakeholders' interactions with DH. In the eyes of stakeholders, particularly those with a more strategic perspective, the change in Secretary of State was a contributory factor to this.

So, while most stakeholders said officials generally were doing a good job in challenging circumstances, stakeholders also raised questions about the role, vision and available skill set of the Department.

The main body of this report reviews a series of key issues identified at the outset of the study as being of particular interest to the Department. However, it is useful to preface that discussion with an overview of some key contextual findings.

This stakeholder research was conducted just a few months after the reforms to the health and care system in England came into effect, when in many respects, the system was still in transition. In conducting this project, we had been anticipating that one of the things that would colour stakeholders' perceptions of the Department of Health was the 2012 Act. Last year, many stakeholders reported this to have been a turbulent period for DH-stakeholder relations, and we expected that would have left a negative legacy that would define current relationships.

Somewhat surprisingly, this proved not to be the case. In fact, as discussed more fully in Chapter Three, stakeholders' recognised officials had been put in a demanding situation, and most felt that they had done as good a job as they could in the circumstances. Now that the dust of implementation was settling, the residual feeling was that at an individual level, officials had emerged from this period committed to rebuilding relationships and making the new system and roles work as well as possible. Indeed, DH's approach to engaging stakeholders was seen to have progressed in the past year.

We find that nowadays, as opposed to previous times, that the Department is listening to us. We have very meaningful discussions with ministers and civil servants. Of course, sometimes they listen to us, sometimes they don't, but, you know, we accept that. We're always treated with a degree of courtesy and respect and we feel that it's a positive relationship.

Professional Body

The perceived change in DH's approach to engagement was seen to have created a more open dialogue with stakeholders. The Department was thought to be working hard to engage stakeholders in its work and policy making in a more systematic manner, with an open, two-way dialogue, and a commitment to providing feedback to stakeholders on how their input had been used. As Chapter Three will outline, stakeholders thought further work was required to embed this consistently across DH, but working arrangements were widely thought to be on a positive trajectory.

They're accessible when I've got a serious point to raise with them, and when I raise it they don't just sort of pretend to listen and then brush it away. They listen properly and it gets a fair hearing and where actually they are in a position and empowered to do something, they do it.

Trade Union & Staff Association

Specific examples were given which showed where this perceived change in approach had produced positive results. For example, DH's approach to the sponsorship of its Arm's Length Bodies (ALBs) was widely seen to be much more effective and tailored to specific stakeholder needs. Additionally, stakeholders involved with the Care and Support Bill were very satisfied with how they were engaged in its development and felt it had been a more open and inclusive process than they had come across previously.

I think they did a really good job of involving people in designing the White Paper and I think they have done a really thorough and good consultation around the Care and Support Bill.

VCS & Social Enterprise

Some stakeholders felt this perceived shift was due to a general shift in attitude within DH that they couldn't attribute to any particular individual or cause, and a few felt it could be a result of a lessening of pressure following the passage of the 2012 Act. Others perceived the current Secretary of State to have prioritised stakeholder engagement more highly. As a result, it was felt that there was more momentum in the work that officials were doing to engage with the sector and there was more emphasis on getting the right relationships and engagement processes in place with stakeholders.

I think it's been more collaborative since the Health and Social Care Act and I think they do generally approach us before, if they know we have an issue on whatever the topic may be. So, I think there's definitely a more collaborative approach.

Professional Body

This was contrasted with how officials were working during the passage of the 2012 Act, where it was felt there was less importance placed on actively engaging the sector. As a consequence, and given the sheer workload associated with the 2012 Act, it was felt that officials had been less effective at engaging stakeholders across the sector – but it was felt this was being addressed.

Civil servants are clearly capable of doing effective stakeholder management but it's almost as though because the minister didn't put a particular strategic emphasis on it they were disempowered from doing it. Now they go out of their way to say 'We're thinking of doing this. What do you think?' There has been an emphasis on wanting to build an effective coalition with key groups.

Umbrella & Membership Group

Although the passage of the 2012 Act itself did not appear to have had a lasting impact on stakeholder perceptions of the Department, the implementation of it was an important topic. This was due to the change it instigated in DH's role and the need to build or re-establish relationships with new and existing organisations in the context of the new system architecture.

Indeed, while stakeholders generally welcomed the more inclusive approach they saw coming from the Department, many of the more strategic, system-wide stakeholders also reported that they felt DH was more 'hands on' and focussed on operational detail than they had expected during the passage of the 2012 Act. There was a tendency to attribute this in part to the style of the new Secretary of State, as the change in leadership occurred at the early stages of the implementation of the 2012 Act. This may of course be an over-simplification, or may indeed reflect that some of the stakeholder expectations about the degree of freedom they expected were unrealistic. Nevertheless this was a widely voiced perception which DH may need to bear in mind.

Circumstances have been quite difficult and a change in Secretary of State just as the bill became an act was significant.

Arm's Length Body

Some recognised that in the early stages of the transition oversight would still be required but felt DH was then providing a higher level of operational scrutiny than expected. Consequently, the strategic stakeholders' expectation that DH would shift to a more arm's length approach had not materialised. It would appear that it was this *mismatch between expectations and practice* that made this such a salient issue for stakeholders.

The job of the Department was to ensure that the system works together. There's always a need to shape and ensure blockages are dealt with, and that a common purpose is adhered to. That is much more the place the Department needs to be in. I think they're finding themselves much more engaged in forecast management which they weren't really set up to do.

Arm's Length Body

For these stakeholders, this led to a number of consequences for how officials practically engage with the sector. What was particularly challenging for stakeholders highlighting this was the level of contact they were getting from officials asking for data and evidence about the performance of the system. This was an issue for ALBs but also for representatives of other stakeholder segments.

Linked to this, another question raised by several stakeholders was whether DH had retained the operational skills to do this. The point was made by these participants that during the passage of the 2012 Act, and the resulting relocating of teams and functions, many of the officials with operational management experience who had previously been based at DH had moved into other bodies such as NHS England. This was in line with their perception of how

the 2012 Act was to be implemented and the more arm's length role for DH they had envisaged.

The DH officials doing the performance management lack the expertise and understanding of the people they're trying to performance manage.

Regulator & Statutory Body

A final high level impact raised by stakeholders was a lack of clarity over the role and vision of the Department. Amongst the more strategic stakeholders, most were aware of the intended role of oversight of the system, and some referred to the concept of stewardship, which they tended to see in terms of setting a framework and removing blockages. However, several raised the question about whether DH had the capability to undertake this given it was still seen as providing operational scrutiny. Others suggested that almost by default, by focusing on operational scrutiny, DH was signalling it did not intend to restrict itself to a purely stewardship role (as they felt it was originally defined).

I was in a discussion this morning and we were having a conversation about an issue and it was patently clear to me there was an arm wrestle going on between three different organisations to the detriment to our members... the Department's ability to hold the ring on that kind of stuff is going to be really important.

Umbrella & Membership Group

For the less strategic stakeholders, the way this lack of clarity was expressed was somewhat different: they tended to talk about it as a question of DH and NHS England still working out who did what. Undoubtedly, this was an issue that would have arisen simply from the new system being introduced: with any system, there will be an initial 'bedding in' period where there is some lack of clarity on who does what. However, it did appear that the more active interventions of DH were contributing to this – with some saying the question that remains unclear is: "Who runs the NHS?" For them, the change of Secretary of State was a less salient issue – though some did talk about a perceived lack of clarity in the role of DH and how officials were delivering that role.

I feel there's a disconnect between what the senior people in the system expected and the reality.

VCS & Social Enterprise

Some of these issues are discussed more fully in the following chapters, but this discussion should provide some useful context for considering the subsequent chapters.

3. Working relationships with DH

3. Working relationships with DH

Chapter summary

The passage of the Health and Social Care Act 2012 has not had a lasting impact on stakeholder perceptions of working with civil servants. In fact there was a large degree of goodwill across stakeholders and recognition of how hard officials were working to deliver in challenging circumstances. However, it did pose challenges as to how DH maintains strong working arrangements and engagement in the context of changes to its role, structure and resourcing.

Stakeholders perceived relationships to be in transition. While there was recognition that DH is seeking to change its behaviours, and some had seen positive results, it was too early at the time of the survey for most to provide definitive judgements on whether DH was involving them in its work in a more tailored and effective manner. Concerns were also evident regarding the future of working relationships as officials left DH and responsibilities moved to other bodies. For this reason, clarity, coherence and continuity in personal relationships were desired.

Working relationships were generally viewed positively but some areas for improvement were highlighted. The main areas stakeholders wanted DH to focus on included structural issues, such as working in a more joined up manner to avoid duplication; having more respect for stakeholders time (i.e. not scheduling and cancelling meetings at short notice); and embedding a culture of openness and genuine two-way listening and engagement. DH was seen to have progressed in these areas but had further to go.

The same was true for formal mechanisms, where there was a desire for the National Stakeholder Forum, in particular, to be more tailored and targeted, and for stakeholder input to be more openly and effectively used and fed back.

The following chapter will explore stakeholders' general perceptions of working with DH. First, we will explore top-of-mind perceptions of the Department, before discussing the current status of working relationships and DH's approach to stakeholder engagement. Finally, views on more formal stakeholder engagement programmes will be investigated.

3.1 Spontaneous views of DH

Stakeholders were asked to provide key words or phrases that came to mind when they thought of DH. A wide range of words and phrases were provided in this exercise. This variety is reflected in Figure 1, overleaf. The size of the words used corresponds to the number of times each word was mentioned.

The passage of the 2012 Act hasn't therefore left an obvious legacy in terms of perceptions of officials, and it did not tend to colour stakeholder perceptions of working relationships. Instead, participants felt the legacy of the 2012 Act centred on the new system structure and how the organisations within it would work together. Furthermore, several stakeholders noted that the restructuring of the system meant that many of the key protagonists had moved into different roles, so forging new relationships was of paramount importance, rather than reflecting upon previous ones.

I think the total restructure has helped in a sense because although civil servants undoubtedly weren't to blame for the issues, having new faces means you can start again with building your relationships and there isn't that baggage to carry.

Local Government

Relationships in transition

The transitional state of both DH and the wider system was a recurring theme, and was referenced frequently when working relationships were discussed. Many stakeholders found it difficult at the time to offer an opinion on working with the Department due to uncertainty regarding the future of relationships, and a minority found it hard to distinguish between DH and NHS England. Several stakeholders went as far as to say they were unclear whether they would have a relationship with DH in future, given that they had niche policy interests that had been moved away from the Department.

I think they're still working through the changing relationships having lost quite a few people to NHS England and to Public Health England. I think that needs to settle in and there's a tendency in which I think the Department has started to feel a bit more distant.

VCS & Social Enterprise

Indeed, participants from across DH's stakeholder audience felt relationships were in flux while DH worked with other organisations to define the parameters of each organisation and who has responsibility for what. Clarifying these relationships, and communicating what that means for stakeholders, was thought to be an important step to avoid duplication of contact between bodies and things being missed in the interim.

We're never sure whether we should be engaging with the Department or with NHS England and it frequently comes up. NHS England is looking after outcomes, but then the Department also wants to know what's going on and that's somewhat confusing.

Professional Body

I would say that at the moment our conversation is not just concentrated on making sure we're contacting the right people in the Department of Health, but making sure the Department of Health, Public Health England and NHS England are all informed about the same things.

VCS & Social Enterprise

It was also thought that a better understanding was required within DH as to its future direction and the extent to which it will engage specific stakeholders, as perceived uncertainty amongst civil servants was permeating through to stakeholders.

There are some gaps, a sense of 'that's not our territory' in the minds of some civil servants – a 'my brief finishes here' attitude. This creates certain gaps.

VCS & Social Enterprise

The importance of coherence and continuity in relationships

In terms of the practicalities of relationships, many stakeholders hadn't seen major changes. Often this was due to a stakeholder having primary contact with a team or individual that had remained consistent within the Department.

I think the Department's approach has remained consistent. I think in many ways that comes down to the fact that our objectives are broadly the same and there is a strong degree of mutual dependency and that does mean that we each do try and understand each other's issues, and find the right way to work together.

Commercial & Industry

Furthermore, often the most positive stakeholders were those who had almost exclusive contact with one area of DH. This meant they had strong relationships and engagement with particular policy areas and individuals that had developed over a period of time. Where such contact wasn't in place stakeholders tended to be more frustrated with navigating the Department, or were more worried about future working arrangements.

We don't always agree but we trust each other because our relationship has developed over many years.

Regulator & Statutory Body

Now that we've got more continuity in our sponsor and the right person in that role, it makes the whole relationship a lot easier to deal with. We have a very good relationship with our Senior Sponsor, and again, that's helped by the fact that we have worked with him for a long time, so there is a lot of trust to build on there.

Arm's Length Body

For some, the strength of personal relationships and individuals within DH had been integral to keeping the system working during the transitional period. While this was seen to reflect positively on civil servants, it was not thought to be sustainable.

Some of the stuff around the transition is heavily supported by personal relationships rather than clear architectural roles and responsibilities. I think that's been a strength in the transition is the sense that they maintained relationships but I think at the moment in a way there's an over reliance on propping things up through those links.

Trade Union & Staff Association

Expanding on this, a significant number of stakeholders raised concerns about DH's institutional memory given that a lot of staff had left DH, and others were likely to do so in future. These participants believed that when a civil servant left the Department, their understanding and expertise often went with them. A minority said they had already seen this have a negative impact on their working relationship with DH, as key contacts and/or policy teams had moved to NHS England or elsewhere. This meant that some stakeholders with more niche policy interests no longer had an effective conduit into DH, and DH no longer had a detailed understanding of their aims and challenges.

Civil servants have the capability to engage well. One criticism would be that the Department relies on certain people who are very good at it rather than an embedded organisational culture.

Umbrella & Membership Group

We've currently got a good working relationship but it's quite vulnerable and I strongly suspect they've got that risk across quite a few of their relationships, that you end up with a couple of really key people, and that if they move, the relationship would suffer quite quickly.

Professional Body

While most viewed officials leaving DH as a major challenge due to expertise being lost, others felt resource challenges had a positive effect in streamlining the Department, and forcing it to channel its resources more appropriately. For these stakeholders, it was an opportunity to reshape the organisation and to hone its priorities in working with them.

I have to say that I suspect that DH is improving now it's become somewhat smaller because, of course, a lot of stuff now is done through other organisations and they can focus more on key relationships and issues.

Professional Body

Goodwill toward civil servants

Overarching these points, it must be recognised that DH officials were very positively perceived and there was a widespread feeling that DH had performed as well as it realistically could have under difficult circumstances. Even the more critical stakeholders tended to comment on their professionalism, work ethic and commitment, and it was almost universally agreed that civil servants were well intentioned.

I find the civil servants very approachable, focused on solutions, and very inclusive.

VCS & Social Enterprise

A large part of this goodwill appeared to be a consequence of the huge challenges DH had faced in the past year; first in getting the 2012 Act through Parliament, and then in trying to make the new system and DH itself work effectively, at a time when resources were being cut.

Certainly in the last year I think they have been overworked and have responded excellently. I know it is not a top-down reorganisation of the NHS, but I think it felt like one to a lot of people, and I think a lot of resource has been used on that which makes some things that we might have pushed for in a normal year we haven't.

Trade Union & Staff Association

The other pressure on working relationships that was widely acknowledged related to 'political' concerns – namely that DH officials needed to respond to ministerial agendas – and that at times this limited their ability to engage effectively. Stakeholders were aware that while dealing with stakeholders, they are also managing the demands of ministers.

I think sometimes that external political pressure means that the Department isn't able to take the purely logical decisions it might otherwise do.

Commercial & Industry

We're brought in on the right issues. Often this is at short notice and requires a rapid response but ministers make decisions that require this action.

VCS & Social Enterprise

3.3 The direction of working relationships

Stakeholder perceptions of how they had been engaged by DH highlighted that the key facets of 'good' working relationships identified in the 2012 research were still current.

- Strong, personal and distinct relationships
- A clear understanding of stakeholders' organisations, objectives and challenges
- Listening that works both ways
- Mutual trust and honesty
- Early engagement
- Access to commensurate power
- Achieving objectives through working with DH, and if they cannot be achieved, understanding why not

There was a broad consensus that DH was trying to improve its engagement approaches, and a number of participants had noticed changes in behaviours in the past year. Even amongst those that hadn't noted any significant changes in their relationship, the majority were satisfied with how they were working with DH. Broadly speaking, the strongest relationships were founded on the principles listed above.

If ever I feel that we should be involved in a particular thing they are always quite accommodating and if they haven't got the reasons why they can't accommodate us they are usually fairly open about that.

VCS & Social Enterprise

There was also a suggestion from a handful of stakeholders that DH was more effective at managing and engaging its stakeholders than other government departments.

It feels to me that the Department really gets the stakeholder management in a way that other government departments don't, particularly under the new ministerial team. I think there's a much greater emphasis on getting the stakeholder management right.

Arm's Length Body

Duplication of contact was a major issue in the 2012 research but was perceived to be far less of a problem this year. Consequently, engagement was seen to be on a positive trajectory and DH was perceived to be trying to be more inclusive and open to incorporating stakeholder views into its work. Additionally, the Department appeared to be using informal

and formal lines of communication more appropriately. Indeed, the overriding sentiment was that DH was moving in the right direction which, for some, showed that the Department had learnt from the stakeholder management issues it faced last year.

We've worked really closely with the Department of Health over the last 18 months and we now have far better relationships, far more open discussions. I'm not worried if there's something sensitive I need to discuss, I'm quite happy to discuss it with them, whereas in the past sometimes that might have been quite difficult.

Local Government

Participants pinpointed different reasons for these changes. Some felt that changes in personnel and ministerial leadership had enabled DH to be more open and engaging and better at 'squaring off' stakeholders, as referenced in Chapter Two. Others felt it could be a consequence of DH's new role, or simply an easing of pressure following the passage of the 2012 Act. However, many others felt it would not be possible to comment definitively on the success of DH's engagement approaches until the roles of it and other organisations were clarified.

They are where I would expect them to be but they have huge amounts of work to get through and I didn't think they would be there straightaway.

Umbrella & Membership Group

On this note, while there was a groundswell of opinion that DH was working hard to engage stakeholders effectively, there appeared to be a lack of consistency in how stakeholders were engaged across the Department and areas for improvement, even in the most positive relationships, were highlighted.

For instance, amongst arm's length bodies, significant progress was thought to have been made in relationships due to revisions to DH's sponsorship approach, and an effort to work more openly.

There is a powerful, articulate and effective directorate... where we know they're very, very good at stakeholder management, they're very effective, they absolutely know how to do this, they do it really well. So we kind of find that actually it's a very good quality relationship at that level and they help us join up the bits of the Department.

Arm's Length Body

However, ALB's still tended to feel that a performance management culture existed below the most senior levels that hindered their independence and slowed decision making processes. It was also frequently stated that DH officials did not always appear to understand that they were accountable to a Board, not just the minister, and could not make some strategic decisions without their Board's sign off. This was of particular frustration where DH officials were not seen to have a detailed understanding of the ALB they were dealing with.

They're too focused on trying to be some sort of performance manager which really works badly if you haven't understood how to add value.

Arm's Length Body

DH has a 'one size fits all' approach to dealing with ALBs and they consistently make the mistake that everything is about the Minister. I can understand it, that's who their boss is but my boss is my board.... The problem is that they don't build enough time into enable the right proper governance of decisions.

Arm's Length Body

Further to this, where relationships were less productive, the following perceptions commonly emerged.

- A lack of internal collaboration within DH and/or duplication of work
- A lack of feedback on how stakeholder input was used
- A lack of respect for stakeholders and their time – often emerging as 'tick box' engagement or arranging and/or cancelling meetings at short notice
- An inward focus
- A lack of access to commensurate power, or officials operating without a clear understanding of stakeholders objectives/work

Indeed, while on a personal level perceptions were almost universally positive, operational and structural issues caused frustration. DH was seen to be at its strongest when working with stakeholders on an issue-by-issue basis, and many stakeholders were able to offer examples of good practice in specific teams or on specific topics, by named civil servants. However, consistency remained an issue, as the same stakeholder could often point to cross-Department or on-going work that was not administered as effectively.

Those with contact across multiple areas of DH were more likely to see disjointed working practices increasing their own workload, though this came across far less strongly than in 2012. Some offered examples of joining up different DH teams themselves and called for greater internal collaboration and information sharing across DH.

Like all large organisations, there are problems with the right hand not knowing what the left hand's doing.

Professional Body

It is still a consistent issue that the different parts of the Department will contact us unaware that they might be duplicating requests. I think the Department understands that issue, which is why they're thinking a lot about sponsorship and how sponsorship helps to solve that, but it's not there yet.

Arm's Length Body

Progress had been seen to be made in response to this, but one or two stakeholders felt that a strategic narrative or culture underpinning DH's approach to engaging its senior partners was lacking. For these participants, work would continue to take place in an incoherent manner unless DH could embed the principles it wants to represent throughout the organisation.

I think it's getting significantly better. I'm enormously sympathetic to the scale of cultural and positioning changes they've got to make since the Act became law and these things don't all happen overnight... I think there's still more joining up to do and I think apart from anything else they've got more to do in terms of getting a consistently responsive and constructive culture as opposed to the slightly patchy one I've described. But I say that in the spirit of someone who recognises that overall they're doing pretty well.

Trade Union & Staff Association

Sometimes different parts of the Department of Health seem to have different opinions about how things should be done, whereas you would expect it to be a body corporate with a clear strategy, and people within the organisation working to that strategy.

Arm's Length Body

Stakeholders also tended to call for a more consistent recognition of their challenges, and the constraints on their resources. While some civil servants were seen to do this as a matter of course, others said that DH often scheduled meetings at short notice without thinking about the demands on their time. These meetings were often re-scheduled or cancelled at short notice, leaving stakeholders with the feeling that their time was of secondary importance to the time of ministers and civil servants. Furthermore, for some stakeholders there was a stark contrast between the deadlines DH set them to respond to requests and the period of time it often takes for DH to resolve issues that are a priority for stakeholders. Again, this can have a negative impact on stakeholder perceptions of the Department and appeared to be an issue across different stakeholder groups.

I think that there very much is a sense that if there's something that's important on the ministerial side, senior civil servants will just not turn up at very short notice... It gives the impression that we are nice to engage with rather than essential to engage with.

Arm's Length Body

Some smaller organisations, particularly VCS and Social Enterprises, found DH's engagement to be tokenistic. This was not a universal finding across this group, but feedback on engagement and working relationships was patchy from the third sector. A section of these participants felt DH did not understand the range of organisations in their sector and underestimated the value they could add. The crux of their frustration was being engaged by DH late in the decision making process as a gesture to show the Department had consulted the sector, rather than genuine engagement.

I think that there needs to be more understanding of the not for profit sector more widely across DH so that the conversations happen more naturally; at the moment there are people who know and understand the other sectors and how they fit together and there are people who just make assumptions.

VCS & Social Enterprise

Several participants also suggested that they would be looking for DH to do more to join together key players in the sector, as well as other government departments, to ensure that key health and care strategies are effectively implemented. Traditionally the perception has been that DH does not like to relinquish control and struggles to work outside of its policy siloes. However, it is increasingly important to stakeholders that DH provides this leadership

and has the clout and assertiveness to negotiate, and where necessary push back, against other organisations and departments.

I'm looking for DH to be more assertive for the benefit of the wider sector. They need to be more assertive with other government departments and they have to make sure they have the clout and muscle to get everyone in line.

Regulator & Statutory Body

I think that there is a challenge that healthcare isn't joined up across the country and we see that in some of the challenges that we see day in day out and I think the Department of Health struggles to be joined up with other parts of government in healthcare provision.

VCS & Social Enterprise

Finally, while this chapter has drawn out the key themes that emerged regarding working relationships with DH, it should be acknowledged that amongst the diverse stakeholder audience that DH serves there is significant granularity. Many stakeholders have niche policy interests and raised very specific points on their own working relationship. While many of these fed into the findings we have discussed, DH does face a huge challenge in providing stakeholder management that is consistent and fair to all, but also targeted and tailored enough to respond to particular needs. Stakeholders recognised that DH had limitations as to what it could do but continued to want to have the opportunity to have their voice heard.

There are significant vested interests that the Department needs to balance and most of the time I think they do that quite well.

Commercial & Industry

Occasionally I would like one or two people to be slightly more accessible than they are but that's because I think that my issues are the most important ones and they ought to be accessible to them. They are making unbelievably difficult judgements every five minutes as to what the most important issues are and they may indeed agree that mine are very important but there may be another five issues which are even more important.

Trade Union & Staff Association

3.4 Is DH good to do business with?

A key test of how effectively DH manages and engages its stakeholders is whether these organisations think the Department is good to do business with. The quantitative findings (explored in Chapter Six) show that the majority of participants agreed that this was the case (78%). When probed on the reasons behind responses to this question, stakeholders tended to refer back to their generally positive working relationships with DH officials, and the principles that underpinned this, such as access to senior officials and ministers, trust, openness, respect for their time, and a two-way dialogue. Many talked about a recognisable move forward in engagement with stakeholders by DH in the past year, reflecting the discussion above, and several noted that DH had become much more approachable, better at listening and had developed more open relationships with them.

You may not always agree but they listen and they are accessible, and they understand. We are both after the same objectives at the end of the day, we just operate in different spaces with which to achieve them so we work in a partnership, and yes, they are good to do business with.

VCS & Social Enterprise

Further to this, stakeholders tended to think that both they and DH usually got what they needed from their relationship. They were pragmatic on the whole, and realised that they would not always agree with the course of action taken by DH given the competing priorities it has to manage, and the vested interests within its stakeholder audience. But, as long as DH engaged and fed back to them appropriately, they were broadly positive on getting the hearing that they desired.

On the core stuff that we deal with all the time I think we have a sufficient degree of understanding of each other's needs to deliver, and we pretty much each get out of it what we need.

Regulator & Statutory Body

However, despite having improved working relationships with civil servants, it was frequently noted that DH has less people and greater workloads, and as a result, civil servants could be stretched and unable to spend the time doing business with stakeholders that they might like to. Additionally, and this was especially prevalent amongst some arm's length bodies as explored previously; there was a feeling that DH did not always understand stakeholder's organisations or challenges.

They are now very stretched and I don't think they have the time to get out and visit us as much as they'd like to.

Commercial & Industry

Opinions were also divided on DH's assertiveness and strength as a negotiator. As explored in previous chapters, some participants called for DH to have a stronger hand in corralling not only other organisations working in the health and care sector, but also other government departments.

I would say they need to be stronger negotiators, to be firm about the outcomes they want to achieve and negotiate more strongly around them.

VCS & Social Enterprise

On the other hand, stakeholders widely felt DH was assertive and good at getting what it needed when it worked for them. This sentiment was prevalent amongst third sector organisations in particular.

80/90% of the time – we both get what we need. It varies, with some contacts it's a lot lower, whereas some relationships are much better, but they tend to know what they want to get from stakeholders.

Arm's Length Body

3.5 Perceptions of stakeholder engagement programmes

The Department of Health uses formal stakeholder engagement programmes as a means of informing, engaging and consulting groups of stakeholders. Views of these programmes were mixed, as will be explored below, and some stakeholders did not have any contact with these DH mechanisms at all. In addition, some programmes seem to work better than others and it will be essential for DH to learn from those that work particularly well.

The National Stakeholder Forum and Third Sector Strategic Partner programme emerged as the most well-known and used programmes. Therefore, the majority of the perceptions discussed below are based on stakeholder experiences of these two mechanisms.

Previous stakeholder research has highlighted that the key benefits of these programmes are:

- A mutually beneficial dialogue
- High-level engagement
- The ability to influence policy
- Networking opportunities (both with ministers and other organisations)

The drawbacks of such schemes that stakeholders wanted to DH address centred on:

- Not showing the results of the stakeholders input
- Prescriptive meetings that didn't allow for genuine input from attendees
- Generic groupings that created unproductive discussions
- 'Shallow' engagement – i.e. more selling messages than engaging stakeholders
- The ability of DH engagement teams to instigate wider change using feedback from the groups
- The coverage of programmes

Feedback from the stakeholders involved in these schemes reflected a similar picture in 2013. Some had noted positive changes and an effort to address some of the drawbacks but the majority had seen little change.

National Stakeholder Forum

The Forum was the most well-known and frequently attended formal engagement mechanism amongst stakeholders. While the majority had seen little change in it over recent years, several felt DH had recently attempted to make it more targeted and tailored, and to instigate more genuine engagement.

It is a helpful and good initiative. In some cases we've seen responses to our views. The Forum used to be a sounding board, but is now more of a tick-box exercise. However, I have seen improvement in the last two meetings. They really were listening more than they did at the beginning of coalition.

Professional Body

However, it was widely felt that meetings could be generic and unproductive. The reason given for this was often that the number of attendees and their extremely varied backgrounds and objectives meant that there was a lack of focus or clear objectives for the programme as a whole.

It's got so big in terms of the number of people who go along, it's also at the wrong level for Chief Executives like me, and you don't get the quality of strategic interaction and debate.

Umbrella & Membership Group

DH discusses issues with a wide range of stakeholders, from single interest charities to workforce organisations at the Forum. While that is an admirable aim, I'm not sure how appropriate or workable it is.

Professional Body

The breadth of the audience was a positive for a minority, as the Forum allowed them to have direct contact with ministers and senior civil servants and to have first-hand knowledge of upcoming priorities. They felt this could also be beneficial for DH as it helped DH officials to understand their concerns and to receive their expert input.

We have been to several of the meetings now and find it a helpful process to be able to hear from the top team and where issues are going.

VCS & Social Enterprise

It is extremely useful. It provides an opportunity for ministers to get a view from the front line.

Commercial & Industry

Strategically it is very important for me because it helps me to understand where DH is going to fit in.

Umbrella & Membership Group

Networking opportunities were also valued, though more so by some of the more niche organisations involved in the Forum. More strategic, national stakeholders already tended to have a lot of senior contact with DH so the Forum was seen to add little value – as a result many of those organisation's leaders send deputies to attend.

It's a great networking opportunity, so I'm always very grateful to the Department for organising it. They really do have the great and the good there.

Umbrella & Membership Group

Additionally, the Forum was commonly described as a 'talking shop' or 'tick box exercise' as there was little evidence of how stakeholder input was used. A few stakeholders wanted meaningful summaries that compiled the results, in addition to any tangible changes that stakeholders had influenced.

The Forum needs to select the topics carefully and then there must be that commitment from the top to take note of the views to make sure it is not a tick box exercise.

Professional Body

I think it's a bit of a talking shop to be honest, I think I'd like to know what the DH think the outputs of it have been.

Professional Body

Consequently, there was a feeling that the meetings can be DH information-giving sessions rather than truly discursive, iterative forums. It was acknowledged that in the aftermath of the 2012 Act there was a need for this but stakeholders wanted to see the Forum move into a more collaborative, two-way mechanism.

I think it should be about a two-way street. It's always on transmit mode and you feel it's going through the motions rather than anything else... it would be quite nice to have a set of issues that we would pursue over a period of time and see whether any improvement could be achieved but it tends to be a platform for ministerial announcement.

VCS & Social Enterprise

Another prevalent concern was that agendas were often distributed at short notice making it hard for stakeholders to prepare or attend. This was frustrating for stakeholders as with more forward planning they felt the debates at the Forum could be greatly enhanced. Some were of the opinion that even during the meetings there was little opportunity for them to feedback and discuss their views with the Department.

Agendas come out far too late to arrange for the appropriate person to attend those meetings, so I think it is a missed opportunity really, and the dates are advertised well in advance so there is no excuse why agendas can't be properly planned. I do think it is more of a tick box exercise rather than actually trying to engage stakeholders appropriately.

Professional Body

Furthermore, some felt that ministers had stopped attending recently which had a negative impact on the usefulness of the sessions. Some countered this by saying that if the emphasis of the Forum was to change from information giving to open discussions it would be less of an issue as they could influence civil servants directly. However, in its current guise, the majority felt ministerial involvement was essential.

Ministerial involvement is really important as without that it can feel a bit of a talking shop.

VCS & Social Enterprise

I think it's presented as an opportunity for stakeholders and partners to engage in policy with ministers but I think there has been relatively little ministerial attendance.

Trade Union & Staff Association

So, while the National Stakeholder Forum does have its benefits and can be a valuable source of information for stakeholders, the general feeling was that it needed to be revised. More targeted and tailored formal engagement was called for, with a greater emphasis on iterative, open meetings that are focussed on specific issues, and providing feedback on the value and impact of stakeholder input.

Health and Care Voluntary Sector Strategic Partner Programme

The Health and Care Voluntary Sector Strategic Partner Programme has tended to be positively perceived by third sector organisations that have attended it in previous waves of research. This was still the case in 2013 due to the programme continuing to provide a platform for the concerns of the sector to be heard, and for them to input into policy. Specifically, its strengths were perceived to be providing clear points of contact in DH, earlier consultations into the decision making process, and an opportunity to share knowledge with complementary organisations. There was also a broad consensus that the DH officials running the programme were trying to build genuine partnerships.

The Strategic Partner Programme and the way they work with strategic partners has been exemplary. It's been a shining example across government how to work with external partners. That doesn't mean to say everything has gone smoothly all the time. But I think there's been an endeavour to try and make it a genuine partnership.

VCS & Social Enterprise

It works incredibly well and is a fantastic resource because it cascades out to three or four hundred thousand of those types of organisations, and they can get involved in the development of policy and strategy, and also provide a voice from all levels of the system.

VCS & Social Enterprise

However, there was still a call for a more two-way dialogue as sessions were perceived to be prescriptive on occasion. As a result, several stakeholders wanted more influence on the topics they would discuss and how future events were shaped. Linked to this, there was also concern regarding whether or not their input instigated real change. This was exacerbated by a perception that outside of the programme, the engagement of third sector organisations could be superficial (i.e. more focussed on DH being able to say they had engaged the sector, rather than actually doing it in a meaningful way).

I think that through the strategic partnership we are being involved but I think the conversation could still be more two way; so rather than being handed down the priorities that are being decided by the new bodies and then asked to respond to them, it would be nice if we were being asked first what our priorities were and what we saw as gaps in terms of front line.

VCS & Social Enterprise

We're still in a responsive mode in the not for profit sector and slightly reactive and I would like to see that conversation much more two-way than it is, but it's moving in that direction.

VCS & Social Enterprise

Ideally I'd like to see it much more two-way so that we could bring things and present them in the same way as we're having them presented to us, but it's moving more that way and, for instance, we're being asked to conduct more learning events etc. this year, so I think it's become much more of a two way conversation.

VCS & Social Enterprise

In addition, many of the strategic partners felt DH expected them to be able to respond to requests at very short notice. While they were very keen to be involved and to have input, they felt DH needed to recognise that they too faced resourcing issues, and more forward planning should be utilised to allow them time to feed in appropriately.

It can feel a bit chaotic at times and I think there's still that sense that sometimes they forget that their strategic partners have other things to do, and that they can't simply drop us an email or pick up the phone and expect us to come running albeit that they fund us.

VCS & Social Enterprise

There also appeared to be some uncertainty around to the involvement of NHS England and Public Health England. Stakeholders wanted clarity as to the future direction of the programme and how the three organisations would be able to work together – not only to make decisions about the format of sessions – but also on how the input of participants should be used.

It still serves a useful purpose but this is the first year dealing with the new configuration of DH, NHS England and Public Health England and that's added a level of complexity. I wonder if they can continue to deliver the programme in its current format.

VCS & Social Enterprise

Provider Voice Forum

Outside of the National Stakeholder Forum and the Health and Care Voluntary Sector Strategic Partner Programme, there were only sporadic mentions of other formal engagement mechanisms. However, amongst those who did mention it, the Provider Voice Forum received positive reviews. Its strength was that it was focussed on a relatively small number of senior, influential stakeholders facing similar challenges. Its relatively small scale allowed for participants to receive updates on key issues and announcements in advance, and they had a high degree of confidence that they would be listened to. It was therefore thought to be a good route to influence DH.

A gap in formal engagement mechanisms?

Stakeholders with a more strategic view of the sector tended to feel that existing engagement forums were too broad, both in terms of the number and the range of attendees, to enable overarching strategic issues facing the sector to be discussed. Consequently, it was suggested that there is a gap in how DH engages stakeholders with a more strategic, cross-cutting view of the sector. For example, one stakeholder felt there could be a group just for the leaders of the most strategically important national organisations that could discuss, and hopefully resolve, integral cross-cutting issues.

It is quite low level show and tell and therefore the formal stakeholder management work that the Department does doesn't work for someone like me. What I am looking for is a frank discussion with between 10 or 12 of us around a table... having a high quality debate that is more strategic and is determinately high level.

Umbrella & Membership Group

4. The Department's position in the wider system

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Chapter summary

At the time of the survey, stakeholders felt DH had to do more to instil confidence in its stakeholders about how responsibilities are split between organisations in the system. Stakeholders were unclear on how the new architecture fits together, and indeed how they themselves should interact with it. There was particular confusion about how the new system will work in practice; chiefly how the roles are split between DH and NHS England, and who now has responsibility for the delivery of health services.

Stakeholders were able to point to a split between the responsibilities for oversight and strategy on one hand, seen as DH's domain, and the responsibility for delivery on the other, seen as NHS England's. However, there was some doubt about how this split will work in practice, especially as some stakeholders have witnessed DH taking more of a role in delivery than they expected under the changes made by the 2012 Act. Stakeholders could therefore not say with any confidence whether DH is well placed to deliver on its new role, because many felt this role had not settled or been finalised yet. The consensus was that clarity is required, and that DH needed to provide leadership to ensure the system, and the Department itself, functions effectively.

The following chapter explores stakeholders' perceptions of the new health and social care system, and DH's role within it. Firstly, the development of the new system and stakeholder impressions of how effectively DH has implemented it are discussed. The second strand of the chapter explores stakeholders' understanding of DH's role in the new system and how well placed they think the Department is to deliver it.

It is worth acknowledging that while these findings formed the basis and context of the perceptions of the vast majority of stakeholders, for a minority with niche interests these were not issues that they engaged with at all. For these organisations, the coherence of the system and DH's role within it was of little concern as long as their own area of concern/expertise was functioning well.

4.1 The development of the new system

Perhaps unsurprisingly, at this early point, many stakeholders raised concerns about the coherence and organisation of the system. While stakeholders recognised that it was early days, and it will take some time for the system to bed down, their early impressions were that the system lacked coherence in places. Many felt that a key priority for DH would therefore be to work with its partners to resolve any confusion.

The complexity of the new system

Stakeholders tended to have got to grips with the changes to the health and social care system in theory, but struggled to understand how it would work in practice: what are the roles and responsibilities of the varying organisations? Who is accountable for what? Who do they turn to with a specific issue or problem? These questions did not appear to have been resolved, although many stakeholders recognised that they would become clearer as the system became more established.

The new architecture is massive and I think it's quite difficult for people to fit together and work out how to engage with it because we have got lots of new organisations starting up at the same time.

Professional Body

One of the primary concerns of stakeholders was that in some relationships there seemed to be no clear boundaries of responsibility, leadership or accountability. It was suggested that this was because of the number of organisations there are to contend with, and because responsibilities had not been clearly defined. Stakeholders were particularly unsure about who is responsible for what in terms of the national organisations (DH, NHS England, and Public Health England), and believe a degree of duplication exists in the objectives of these new bodies. As a result, there was a lack of confidence in the working relationships between these organisations, with a perception of on-going 'turf wars' and 'arm wrestles' as the intricacies of working arrangements unfold.

There's far too many hand offs between organisations. Scope for turf wars, duplication and, if this was your own company, there isn't any way you'd design it like this in a million years.

Trade Union & Staff Association

There are simply too many bodies scrabbling for territory and creating processes in which they potentially have overlapping roles.

Umbrella & Membership Group

At the time, some stakeholders found it difficult to identify who was in charge, and described an absence of anyone 'holding the reins'. In fact, some suggested that there was no longer one organisation in charge, but a number of bodies sharing control. Many acknowledged that a degree of leadership would go a long way to bring clarity to the situation, but were unsure about who to turn to for this.

Certainly somebody needs to take responsibility for ensuring that the new system is working. And of course, I don't know if that's DH or if that's NHS England, Public Health England or Monitor, or whoever.

VCS & Social Enterprise

For a minority of stakeholders, this uncertainty led to subsequent concerns regarding the impact this could have on outcomes for patients. Due to a lack of clear direction and leadership, as well as the upheaval the system has experienced, the system has been described by a few participants as 'high risk' for patients.

The Act has fragmented leadership, direction and responsibility and there have been 9 months where nothing has happened. Without any direct action for patients, outcomes for patients will be significantly affected. I think the system is high risk.

Professional Body

It's under strain and there's a huge amount of risk for patients and the public using it.

VCS & Social Enterprise

Unclear roles of DH and NHS England

In particular stakeholders found it difficult at the time of the survey to distinguish DH's role in the new system aside from NHS England's. Many pointed out that this was always going to be a consequence of the system design, and there was a lot of doubt about the responsibilities of these two bodies, the hierarchy between the two, and their relationship with one another.

I've got a vague understanding of what NHS England is supposed to be doing. If they're not doing something, I assume DH is, but I'm not sure where one ends and the other begins.

Umbrella & Membership Group

A number of stakeholders were able to sketch out a split between governance and oversight on one hand, and operational and delivery responsibilities on the other. The oversight of the system and setting a policy framework were widely thought to be within the remit of DH, with a separate operational, delivery arm in the form of NHS England. Some stakeholders were happy with this split in principle; they understood it and a few felt it was sensible. However, many were hesitant about how this would work in practice, and how different responsibilities would be divided between the two.

The conceptual split between a body trying to oversee the system and a body administering that system, I think that conceptual split is the right one.

Regulator & Statutory Body

DH is the steward of the NHS, responsible for the oversight of the NHS, but NHS England has a lot of autonomy to deliver in practice. I'm still not fully clear what DH is responsible for and what NHS England is responsible for. They don't even seem to know internally between them.

VCS & Social Enterprise

Understanding of the roles DH and NHS England are to play was therefore not clear enough for stakeholders at that time to confidently envision how the organisations will work in practice. There was confusion among stakeholders about who they should turn to about a particular problem, and on what basis they should be building relationships with the Department and NHS England. For many, this was not just an issue with DH in relation to NHS England but applied to stakeholder relationships with many bodies in the health and social care system.

It creates difficulties for the stakeholders because I spend a surprising amount of time scratching my head and thinking to myself, now I wonder if this is now a problem that I talk to the Department about, or to NHS England about, or to Monitor about.

Trade Union & Staff Association

A few stakeholders suggested that they were then not confident that DH and NHS England understood the divisions of their roles internally. Officials transferring from DH to NHS England were perceived to have blurred the distinction between the two bodies, and some stakeholders questioned the ability of those remaining in DH to shift their focus on to a new role.

Some people in NHS England do not realise that they're not in the Department anymore, and some people in the Department don't recognise that some things aren't their job anymore.

VCS & Social Enterprise

It was widely perceived, as outlined in Chapter Two, that DH had a level of involvement with the operational running of the sector that was at odds with their 'arm's-length' mandate. If stakeholders were clear on the conceptual split between overseeing the system on one hand and administering the system on the other, this greater involvement from DH had distorted the separation. With it, the distinction between DH and NHS England's differing roles had become unclear.

We have a new system that was predicated on ministers and the Department being more hands off. Holding the systems to account for delivery would be done through a mandate to NHS England. Now the Secretary of State wants to see the name of the consultant above everyone's bed and that doesn't resonate with the vision that was set up.

Trade Union & Staff Association

DH needed to bring clarity to the situation

It was clear that stakeholders need clarity on who has ownership and responsibility across various issues. Many stakeholders felt that the theory behind the changes to the system had been communicated well to them, and a minority who did not have operational responsibilities assumed that this had translated into working practice. However, those working on the frontline (such as ALBs and VCS organisations providing health services) felt that DH was performing a different role to that which they anticipated it fulfilling by taking a more hands-on approach. This had confused stakeholders' understanding of the roles all organisations are meant to be playing.

There was therefore a keenness at the time to get a clearer picture of where DH is heading in the future, and how it fits in with other organisations (especially in terms of DH and NHS England's role). As a starting point, many stakeholders called for a more concrete outline on how DH perceives its responsibilities, particularly in relation to other organisations, for example, in the shape of some basic guidelines designed to help stakeholders navigate through the system better.

We have heard a lot of higher level stuff but want more gutsy specific information about the new role i.e. we did x, we now do y.

Regulator & Statutory Body

We need to be clear on responsibilities in relation to DH, PHE and NHS England, and get comfortable on who does what. Sharing organisational charts plus contact details would be really helpful and start to re-build relationships.

Other Government Department

4.2. DH's role within the new system

There was considerable confusion about what the new system meant for stakeholders in practice. People were not clear on who has responsibility for what, and particularly on the roles of national organisations, and how working relationships will develop going forward. This was reflected in stakeholders' understanding of the Department's role within the system.

Despite this uncertainty, stakeholders in the main were able to sum up in principle what role DH was set up to do. They perceived DH's role broadly as a policy role, overseeing the health service at arm's-length, and shaping and maintaining a common purpose for the sector. The Department's direct responsibilities according to stakeholders focussed largely around:

- providing leadership for the whole system,
- focussing on policy development,
- setting priorities and ensuring they are carried out, and
- supervising relationships between various organisations.

For the majority of stakeholders, DH should no longer be responsible for administering and delivering health and social care services themselves, and should therefore no longer participate as closely in the running of the NHS.

It is about policy and accountability, not operational issues. Strategic rather than counting bed pans.

VCS & Social Enterprise

They're now more arms' length - dealing with parliamentary issues. They're no longer involved in the day to day running but in action at arm's length.

Professional Body

It was also widely perceived that DH should be playing a significantly different role to the one it was playing before. Stakeholders believed that the new system was designed to move accountability and operational management from DH to NHS England, local commissioners and local authorities, leaving DH with an oversight role. Power and responsibilities were therefore expected to be transferred away from the Department, leaving a leaner organisation. Some felt this would reduce the influence of DH, while others believed it would enable DH to focus more on strategic issues and brokering relationships between other organisations.

[DH] are now responsible for far fewer things: a huge chunk of responsibilities have now devolved to new organisations. The point of the Act was to remove responsibility for the NHS from the Government to new organisations.

Trade Union & Staff Association

There were a few spontaneous mentions of DH having a stewardship role. Amongst the stakeholders who touched upon it, some were unsure what it meant. However, many more were able to identify the fundamentals of stewardship as part of the Department's role. Stakeholders recognised that DH would now be looking to broker relationships in the sector, by facilitating the development of relations between organisations that now have a responsibility for delivering health services. They also saw it as DH's responsibility to ensure

that the whole system is working well by bringing organisations together into one coherent whole.

DH's role is to hold the ring in relation to new organisations and wide stakeholder groups rather than us trying to establish relationships by contacting them directly. DH needs to foster these relationships between these organisations and make sure relationships develop.

Trade Union & Staff Association

Expectations of DH's role

Developing on the discussion above and earlier in this report in Chapter Two, while stakeholders believed that the new system was designed to position DH in an oversight role, many felt the Department had retained its operational management role to a greater extent than they had expected. For these stakeholders, this blurred the distinction between DH and its partner bodies and meant that many struggled to grasp what DH's role is. As a result, it was widely suggested that DH itself is struggling to work out what its role now is.

This raised concerns about DH's ability to deliver. DH should be prioritising strategic issues but was more focussed on performance management for a significant number of stakeholders. Some therefore feared that DH would not be able to provide a strategic view of the sector if they were also participating in the operational management of it. Additionally, questions were asked about whether DH has retained the necessary organisation and tools to fulfil this more applied approach.

The new Secretary of State has a number of regular meetings where he gets engaged in the detail of what's happening in the NHS. It's very difficult for the civil servants on the basis that they've organised themselves to be much more of a steward rather than a direct intervener.

Umbrella & Membership Group

This shift has led to mismatched expectations. For instance, several stakeholders commented that even though certain delivery functions had been transferred away from DH, it was not giving enough autonomy to other organisations to carry out delivery functions effectively. For example, arm's length bodies expected a higher degree of operational independence, and there was some frustration at the level of oversight they are now experiencing.

The controls (on ALBs) are very tight, and they are predominantly coming from the Cabinet Office. So DH is in this rather unfortunate sandwich position where they are having to enforce this with us against the background of a set of ALBs who have a set of expectations about what they can and can't do.

Arm's Length Body

More generally, a few stakeholders questioned DH's ability to stand back and take more of a stewardship role. Some pointed out that in order to fulfil these responsibilities DH would need to relinquish a certain amount control to organisations like NHS England and Public Health England. However, several raised concerns that DH would not be willing to do this. Others questioned the theory of DH's role as they understood it; whether in practice it would be possible for DH to separate itself from the delivery of services while still holding influence over them, and asked whether a more arm's length approach is at odds with the role of a government department.

Clarity was a big issue for stakeholders. The majority were looking to DH to bring coherence to the system. Stakeholders wanted DH to take some time to work out where boundaries of responsibilities lie, determine which responsibilities belong to which organisation, and give a clear explanation of how the system will work. Linked to this, stakeholders mentioned that they were looking to DH to provide leadership in the system, and to articulate a **strategic** vision for the health sector.

Perhaps demonstrative of the challenges, there was a divide in what people are looking for. Many stakeholders highlighted that DH needed to be open, transparent and engaging in order to bring clarity to the situation, and to develop a shared vision for the sector. On the other hand, others mentioned 'accountable', 'analytical', 'rigour' and 'transparency'. These stakeholders emphasised the need for DH to demonstrate a more rigid set of skills: the need for knowledge of the health sector, an ability to be analytical and dispassionate when holding organisations to account, and the necessity to be a brave decision maker. This reflects stakeholders' uncertainty about whether DH is the overseer and steward, or intervener and manager.

How well placed is DH to deliver its new role?

There was a broad consensus that it was too early for stakeholders to say whether they are confident in DH's ability to deliver its new role. For a minority of stakeholders DH was better placed to deliver on a discrete set of tasks. As discussed above, many recognised a conceptual split between overseeing the system on one hand and delivering on the other. The Department's set of responsibilities have therefore been reduced, and a few stakeholders accepted that it could now focus its full attention and resources on oversight of the sector and do a better job as a result.

I think they are now better placed to do it in many ways than they were when they were simultaneously trying to regulate it down and run it.

Regulator & Statutory Body

However, as there was a lack of clarity regarding DH's role, it was hard for stakeholders to make a judgment on whether DH was in a good position to deliver on it. Indeed, the perception that DH was continuing to focus on operational management meant that most stakeholders were unclear how DH wanted its role to develop, and how it planned to execute it in future.

I think they've got the skills but I still don't think they have a clear enough conception of what it is that they need to do and how to translate into what kind of resource they need.

Umbrella & Membership Group

The jury's out because I'm not absolutely sure that at the moment we're in a settled state. In a sense they've set themselves up to do the policy stuff, but they're being sucked into delivery far more.

Arm's Length Body

Furthermore, several stakeholders were unsure that DH had the capacity to be an effective performance manager. In light of many of the officials with relevant expertise moving away from the Department, its ability to play the additional role of performance manager was questioned. Stakeholders suggested that DH no longer had the expertise required to be as

effectively involved in operational concerns as it once was, nor did it have enough people to deliver on these tasks.

With all the changes that have happened a lot of people who had good corporate memory and a good corporate oversight have gone. There has been so much change and people are trying to deliver too much.

Professional Body

Because of this perceived skills gap, some stakeholders (particularly those in the VCS sector) felt that they now have to work harder to make up for a lack of expertise. Those who pointed this out were generally sympathetic to the circumstances; DH has undergone a huge transformation and a degree of inexperience was seen to be expected. Many also suggested that it was a capacity issue, rather than a capability issue. However, they said that there was pressure on them to step in and take responsibility on certain issues, where the Department is not able to.

There's an impact on stakeholders; they have to work harder to make up for a lack of expertise amongst DH staff. This could be a short/medium or long-term impact - it's not clear yet.

Umbrella & Membership Group

Additionally, with the departure of many of its former responsibilities, some stakeholders suggested that DH no longer had as many levers available to make things happen. For some it is less of a key player as a result. This raised concerns about whether DH would be able to hold organisations like NHS England to account when things go wrong or targets are not met. Indeed, many stakeholders believed they would have limited contact with DH going forward as other organisations will have greater an impact on their work.

DH has got fewer levers over the system than it had previously. I think that means that it is even more difficult for them to actually know what it is they can do and to commit to anything.

Regulator & Statutory Body

The money and responsibility is elsewhere now – so I'm not sure how the Department is connected or relevant.

Regulator & Statutory Body

5. Stakeholder perceptions of policy making

5. Stakeholder perceptions of policy making

Chapter summary

In this survey, policy making was less of a prevalent issue in conversations as stakeholders were focussed more on the transition to the new system architecture and developing working relationships. The DH approach to handling the Care and Support Bill was lauded by those involved in the process due to the transparency and openness evident during its formulation.

Despite this progress, not all policy engagement was seen to be as effective. There were examples of disjointed policy making, short notice consultation, and a lack of feedback on how stakeholder input was used. Stakeholders also recognised that officials had to respond to ministerial agendas, and that at times this would lead to some tensions.

The strategic priorities of the Secretary of State were familiar to some, but the majority were not spontaneously aware, or noted things like integrated care and public health which did not comprise the main four. While those who were aware felt they were worthy and important priorities, there was a widespread feeling that DH needed to provide a more strategic, cross-cutting vision for its direction of travel.

Furthermore, given the changes in its role and the decline in its capacity, many stakeholders felt DH would need to use the expertise of its stakeholders more frequently, and earlier in the decision making process. Consequently, some felt DH would have to be prepared to relinquish some control and be more open to new ideas to best utilise the knowledge available to them.

In terms of responding to the Francis Inquiry, DH was seen to have been measured and appropriate but some felt a strategic response had yet to emerge at this early stage. Likewise, opinion was divided regarding whether DH has the patients and the public at the heart of its work – while most felt the aspiration and desire was there, the practicalities of embedding this across the Department was seen to be a challenge.

This chapter will explore how DH has approached policy making since the Health and Social Care Act was passed. This will involve a discussion around how stakeholders viewed the Department's strategic direction and priorities, and how it has sought to involve and engage stakeholders in policy making. The final section will outline how stakeholders viewed DH's response to the Francis Inquiry and its consequences for the Department.

5.1 DH's strategic priorities

In terms of the strategic direction of the Department, the majority of stakeholders were not spontaneously aware of the Secretary of State's four key priorities. A minority were aware, and several were involved in their formation. Those involved appeared to be pleased that they were consulted and had greater support for the aims as a result. While all who were aware acknowledged the specific importance of each, some felt they were optimistic given current financial constraints.

I think the four key priorities are probably the right ones and he did take time to speak to health service workers about that and how they might be delivered and is slowly delivering them. The rhetoric is good and the policy is good but whether the treasury and the DH can deliver it is, I think, another issue.

Professional Body

Some confusion was evident as to what the priorities actually are, as integration and integrated care were frequently referred to as one of the key priorities. Other people mentioned Public Health, Social Care and an increased patient focus, or broader issues such as delivering more for less and ensuring the new landscape works effectively. Furthermore, While the priorities are a good starting point, many felt that events such as the Francis Inquiry and the Keogh Review would always impact upon DH's agenda, and that in reality, DH was still working through what it needs to prioritise.

They should be creating an environment in which healthcare can be delivered in a cost effective way whether that's by reducing bureaucracy or developing integrated care. Their role is to increase efficiency and effectiveness of the system, as well as the general public's health.

Commercial & Industry

I think right now it is still quite transfixed by two things. One: is the new system working? What's going wrong with it? Then of course it's also got all the post Francis stuff and the Secretary of State agenda around patient care and quality... both of those I suspect are in practice being prioritised because they have to be through force of circumstance.

Trade Union & Staff Association

I think the DH is still feeling its way towards what it ought to prioritise.

Professional Body

A need for strategic thinking

Others were concerned that while they were undoubtedly worthy and important priorities, DH needed to provide a more strategic vision about its direction of travel rather than picking specific issues to target. While most of these stakeholders acknowledged this was a big ask, it was thought to be something DH should be endeavouring to achieve.

These aims are different to what the Department ought to be prioritising. They need to take a strategic view and focus on the cross-cutting issues that need to be resolved.

Arm's Length Body

We should probably be prioritising something a bit more imaginative and fundamental for the future. But actually we're just coping, you know, where recent events have left things.

Trade Union & Staff Association

5.2 Involving stakeholders in policy making

Policy making was far less prominent in stakeholder's minds than in the previous wave of research, as attention had shifted from the passage of the 2012 Act to the implementation of the new system. Indeed, while DH's approach to making policy at that time was a source of major contention, stakeholders were broadly positive about how DH has approached this since the 2012 Act. As discussed in Chapter Three, the Department was perceived to be trying to engage stakeholders more systematically and this has been reflected in discussions around making policy.

I think there's been a realisation that they got it wrong before, and you've only got to look at what's been happening within the system when you exclude some issues from policy making, you get it wrong. I think they've got a lot better. I think that's very welcome and extremely important.

Professional Body

The key drivers of positive feedback centred on involving stakeholders early in the process, listening to their input, and then clearly communicating back how their views had been used. Additionally, using informal as well as formal channels to explain the rationale behind decisions seemed to be of importance to ensuring that relationships continued to function smoothly – especially where a stakeholder may have disagreed with DH's decisions.

I receive DH communications every week about policy development and if I see anything I'll flag it with them. The email I receive is very good with links to where to find out more information or who to contact. I really love that I'm not just sent stuff but sent things they think I'll be interested in.

VCS & Social Enterprise

I personally have found DH to be very open to discussing with us issues that are of relevance to us or where we could help or actually where we can hinder. This is important as it avoids misunderstandings and manages expectations. I would say that is from ministers down, so I would really struggle to say there is anything there that they could do better.

Commercial & Industry

The piece of legislation that received most attention was the Care and Support Bill. Those involved in the process tended to express satisfaction with how DH engaged them and it can be considered an example of good practice. The availability of an online forum where stakeholders could provide input throughout the process and where people could comment as the Bill progressed was especially helpful. Indeed, stakeholders considered it to have been a very transparent process, as they were involved early in its formulation, and they valued that they could see why their views had or hadn't been used – particularly through the Department publishing its response. One stakeholder expressed that it was much less of a tick box exercise than other government consultations they had fed into in the past.

I think the Care Bill really represents the outcome of enormous ambition about changing the way in which we assess need and respond to people's needs for care and support, and DH has really tried hard to engage properly.

Regulator & Statutory Body

I think it has changed and I think they really get the co-production approach on the whole, they don't always get it right, but I think they understand the need to do it, they understand the value of it and I think they did a good job with the White Paper and with the Bill.

VCS & Social Enterprise

Conversely, poor stakeholder engagement was described as engagement which takes place late in the process (meaning that there is little time to incorporate stakeholders' views); which excludes groups of stakeholders; and the results of which are not communicated clearly. Despite the progress identified, there was still a feeling that the DH approach to policy making can be a one way street, and this emerged across a significant tranche of stakeholders. The participants that flagged concerns wanted not only a more open and transparent dialogue, but more importantly recognition of how their input had or hadn't influenced decisions.

I think there's a genuine willingness to listen and engage. It's what's done with that that I would be a little less clear about. I do think we have the conversations and I think there is a genuine willingness on the part of the folks in the department I see to engage to listen. But whether that has any impact on policy I'm not sure.

VCS & Social Enterprise

Sometimes you get the impression that they've decided already, and when the decision has been made you're just dotting the 'i's' and crossing the 't's'. You get the impression sometimes that you get approached just so they can say they've approached you – so, they've ticked the box.

Professional Body

Additionally, it was felt that DH was not as effective as it could be at joining up policy making across the Department. A perception of policy teams working in silos is a longstanding issue for DH. While many recognised steps were being taken to address it, stakeholders still felt the burden was often on them to link policy work together.

I do think that there is still an approach to policy which is through work streams that don't necessarily interact as strongly as they could do with other parts of the Department that are working in similar space... I think often the stakeholders have to navigate their way round, rather than the Department making it easy for stakeholders.

Trade Union & Staff Association

Some expanded on this by stating that the lack of clarity in the system has also had an impact on broader policy making. While civil servants were seen to be working very hard they are not always able to keep pace with changes, and this meant policy work could take place in a disjointed fashion.

I think that it's in a period of fairly rapid change again and the Department is having to cope with all that change going on around them at the moment and inevitably that's driving some of the agenda.

VCS & Social Enterprise

There was also a feeling that this apparent reactivity has been exacerbated by the demands civil servants face in dealing with strong ministerial agendas, both within DH and

from further afield. However, while this may prevent officials from consulting stakeholders at times, there was a sense from a handful of participants that there has been a change in culture within DH that has led to differences in how stakeholders are engaged in policy making by officials, and the ministers they serve.

They're politicians at the end of the day, they have their own ideology but I would say the relationship's one of dialogue now rather than one of monologue.

Professional Body

I think they're not bad but they are a bit reactive, although it is difficult in fairness. Both the current and the last Secretary of State had very strongly held views about what policy direction they wanted to take. So it is unavoidable that the Department officials are in a more reactive mode and I don't think they can be entirely blamed for that, but there are some ways in which they could be more proactive, better at spotting the strategic issues and preparing the ground.

Arm's Length Body

Indeed, the 'political' side of DH was often referred to when stakeholders discussed policy making. As noted previously, most acknowledged that civil servants had a duty to respond to the direction of ministers which sometimes put them at odds with stakeholders. However, this could cause significant frustration if decisions were seen to be made with political concerns above what stakeholder perceived to be the common 'good'. The most common example given at the time of interviewing related to the delay to the implementation of plain cigarette packaging. Stakeholders, particularly those working in public health, felt this decision was made at high levels of government, without proper consultation with expert bodies.

In summary, stakeholders recognised that some progress has been made in how DH involves them in policy making. The Department's approach to consulting stakeholders on the Care and Support Bill has been positively received. This was because the stakeholders involved in the process perceived there to have been a commitment from the outset to do things differently, and better, than was the case during the passage of the 2012 Act. However, when triangulating feedback from across all stakeholders, it seemed that this is not yet embedded across the organisation. Indeed, there were still instances where stakeholders feel their involvement in policy making was superficial and not sufficiently two way.

5.3 Policy making in the new landscape

When discussing policy making, stakeholders were uncertain as to how DH would go about it in future given the changes in its role, and the emergence of other organisations with significant portfolios and responsibilities.

Levers for making policy happen

Some questioned what levers DH still had at its disposal to make things happen if it was to have more of a strategic role. For some this was seen to lessen the Department's clout and ability to further ministerial agendas. However, others suggested it simply required a different approach and more of a focus on brokering and negotiating to achieve its aims.

I think that the Department hasn't necessarily matured its soft levers, so we don't really have sense of how it could influence and seek to encourage or nudge different providers or commissioners to do what it wants. They've been very, very formal about the mandate and very keen to keep that as slim as possible. But I don't think that we've seen the development of these soft levers.

Other Government Department

Tailoring engagement to stakeholders

The engagement that stakeholders were looking for varied significantly across policy areas. In the social care sector, there was a greater desire for more co-production, for example. Overall, it was seen to be vital that DH considers the specialist skills of its stakeholders and tailors its approach accordingly. With its resources and powers thought to be decreasing, stakeholders felt the DH would need to work even more closely with them to harness the expertise and support necessary to initiate the 'right' policies.

I think they are greatly enriched by inputs from stakeholders, there's no question about it, and it's the sort of thing that came out of the Francis Review isn't it, that partner organisations give real insight into making services more caring, more effective, more cost effective and reaching groups who basically are less well served.

Professional Body

My biggest criticism would be that the voluntary and third sectors don't tend to be as included in the solutions as other providers and indeed aren't really seen as part of the NHS in many ways, and yet many of the big charities are core providers of healthcare services. What I'm saying is that DH tends to be quite inward focused looking at its own health... the levers it can control which directly sit within their remit. However, many of the solutions actually sit outside of that approach.

VCS & Social Enterprise

A change in culture required?

There was a widespread call for DH to consider new ideas so that it can instigate and enable positive change in the sector. Stakeholders often referred to the challenges of continuing to deliver in challenging economic times and a long term, strategic vision beyond day-to-day political concerns and short term crisis management was seen to be important.

If there's a crisis they'll look to find someone to help support them through the crisis. I'm not sure they have much longitudinal thinking beyond perhaps the term of a parliament.

Professional Body

If you'd have asked me two years ago I would have said I don't know or no, but what I'm finding now is an increasingly greater degree of openness to new, more radical ideas of change that might be generated by an organisation like ours. I don't think it's fully there yet but certainly instead of people just simply not being interested in some of those radical ideas for reforms of the services that we provide, people are now listening and at least having a debate about them, which is really, really positive.

Arm's Length Body

The stakeholders wanting to see this felt a change in culture within DH was needed. They viewed DH as a traditionally inward looking organisation that liked to retain control and was more focussed on risks rather than opportunities. However, in the new environment these stakeholders wanted DH to trust more in their expert partners and be more open and collaborative so that they can fully utilise their input.

They need to bluntly pick the phone up and say, look we've got a challenge here, I want to come and talk to you about that challenge, I think it needs to be a kind of personal approach and that's something we'd really welcome.

VCS & Social Enterprise

DH has been willing to listen, but they have not moved as far as we'd like as yet. However, I have seen a change in attitude – there has been increasing openness and they are having more round tables.

VCS & Social Enterprise

5.4 Responding to the Francis Inquiry

The consequences of the Francis Inquiry are complex and challenging for the Department, and many stakeholders spontaneously referred to it as the key event of the past year.

Perceptions of DH's response

The consensus was that the Francis Report was very difficult for DH to respond to given the wide range of recommendations presented. Broadly speaking though, DH was thought to have responded well, and has been measured and appropriate in its actions as a result. While stakeholders tended not to be able to provide specific examples of what they had seen in response, it was widely agreed that DH had taken the key messages on board. The lack of specific examples given may be linked to the timing of the research.

I think they've embraced it pretty well, actually, I think it's been a major wake up call for everybody in the whole system. I think they were right to face up to it and accept that it's a major watershed moment and that they would try their best to implement as many recommendations as they could.

Professional Body

In general there was a sense at that time that DH had responded well (i.e. making people aware of the outcomes and responding to the findings) but had still to instigate long term, strategic aims to address the findings. Indeed, for a minority DH had to think more about the principles behind Francis to develop responses that could lead to real change. Some felt DH has started to do this but the majority felt further work was required.

I think Una and her team's ability to synthesise Francis down to the three or four core things that we need to focus on was really helpful. That's what you need when you're talking the macro, the whole health system and the landscape and how it's going to operate and how you exercise influence on that system when you're no longer running it.

Regulator & Statutory Body

Their initial response has been quite persuasive. It remains to be seen whether or not the mid to long term plans are going to be put in place. They need to start talking

about implementing something different and something that will change the types of practices that went wrong.

Other Government Department

There were also concerns that the Inquiry had been turned into a 'political football' or a 'blame game' from some quarters. While these views were minority views, they were strongly held and created significant frustration, as in the eyes of these stakeholders, using the Francis Inquiry for these purposes would distract people from what should be the core aim – improving patient care.

I feel that the blame game gets played a bit and that can get in the way of actually properly learning what went wrong and what are we going to do about it. Actually let's not get into the blame game because it distracts us from solving the problem. Let's just accept that things have gone wrong in the past. Let's prioritise getting the system right for the patients for the citizens.

VCS & Social Enterprise

If you haven't got the levers then you speak on behalf of the patient but the way in which they're speaking on behalf of the patient is all about blame I actually think will get in the way of delivering the changes that Francis revealed. I worry that the very tone of the response to Francis will actually result in DH not delivering the changes needed.

Regulator & Statutory Body

Frontline visits

As a result of discussing the Francis Inquiry, several stakeholders noted the frontline visits civil servants were embarking upon. While only a minority mentioned the visits spontaneously, they provoked mixed reactions. Some described frontline visits as a gesture that would not have a practical, positive impact on the sector and that civil servants should be focussing on delivering their own role.

Others did see benefits in that frontline visits could help civil servants to fulfil their roles and liaise with stakeholders more effectively. Additionally, it was felt that they would enhance officials understanding of the work key partners do and keep them closer to the heart of issues on the frontline. The small minority that had actually experienced visits also tended to be positive as they felt it showed DH valued and was keen to better understand their work.

I can't remember where I read it, but senior civil servants are spending time on the frontline. I thought that was very good and they're setting a great example. I think people see that and they think the Department does start to understand. I think it's very, very important that the people within the Department are seen as not just civil servants who sit in London or Leeds, or wherever but are actually part and parcel of the system.

Professional Body

The tone that has been set, which is that civil servants should be spending time out in the field at the coal face, I think again that's another very good development that we welcome.

Arm's Length Body

The other point to note was that several stakeholders referred to the frontline visits as an 'operational' rather than a 'strategic' response to Francis. They tied this in with the perception that DH struggled to provide strategic responses and defaulted to operational reactions.

Does DH have patients and the public at the heart of its work?

Another area where opinion was divided related to the extent to which DH has patients and the public at the heart of its work. Essentially, the majority of stakeholders felt that while there are excellent civil servants who are immersed in these issues, there was not a consistent culture, or a systematic understanding of patient needs within the Department. So while the intent to keep patient concerns at the heart of its work was there, it may not translate into measurable outcomes.

For many there was a general assumption that this was the case because civil servants are passionate about the quality of care provided in the sector, and because the Secretary of State has been communicating this message frequently. For others, it is a political statement or 'motherhood and apple pie', with little real consequence or practical meaning in relation to how DH performs its role. Either way, there was no consensus.

It's quite a complicated question. It depends on what motivates all of the individuals within the Department as well as the Department itself. I think it's got the message from Francis, but getting the message and turning the organisation into something different, are very different things. It's going to take it a long time and a lot of effort.

Umbrella & Membership Group

I think this is an aspiration rather than a reality. And I think the dynamic they have here is that elected politicians regard themselves as being the arbiter of all of this.

Arm's Length Body

Additionally, there was a minority view that this isn't really DH's role at all, and that NHS England and other bodies should be more focussed on this, leaving DH to respond to and work with ministers, who should represent the needs of the public and patient in any case.

NHS England seems to have given a lot of resource and time and effort to create a mechanism to get much more connected to the voice of patients. I'm not sure what else DH can add to that.

Arm's Length Body

In summary, while there were variations of opinion, for many it was simply too early to know whether the DH response to Francis was adequate. The issues at the heart of this such as representing patient needs more effectively and systematically, and driving up the quality of care, were not expected to be resolved quickly and would require sustained attention over a period of years.

6. Quantitative findings

6. Quantitative findings

Chapter summary

Stakeholders were particularly positive that DH is a good organisation to do business with, as more than three-quarters (78%) agreed this was the case. Indicatively speaking, this looks to be an improvement on previous years. Views on this measure were closely related to the effectiveness of working relationships, with stakeholders often referring back to how they are involved and engaged by DH as the key factors driving their rating.

The majority also agreed that they would speak positively about DH (67%), that DH involves its stakeholders in the development of policy and strategies (66% agree) and that DH has the needs of patients and public at the heart of its work (65% agree). Stakeholders were less positive regarding whether or not DH understands the issues and challenges their organisation is facing (55% agree, 29% disagree), highlighting an area for improvement.

Additionally, the lack of clarity about DH's future role has had a measurable impact, as perceptions were very mixed regarding whether DH has the skills necessary to deliver its new role (17% agree it does, 27% disagree, 45% neither agree nor disagree, or don't know). As the qualitative findings showed, stakeholders were unsure at the time of the survey whether DH itself understood what its future role would entail. Subsequently almost half did not feel they could offer an opinion one way or the other. The quantitative findings show the challenge DH faces to convince stakeholders of its readiness and ability to deliver in the new landscape.

The report has thus far explored the findings from the qualitative element of the discussions. However, stakeholders were also asked six quantitative questions during their interviews and this chapter will report the findings from those metrics. Four of these questions were asked in previous two year's of the survey (2010 and 2012), While two further questions were added for this wave of the research.

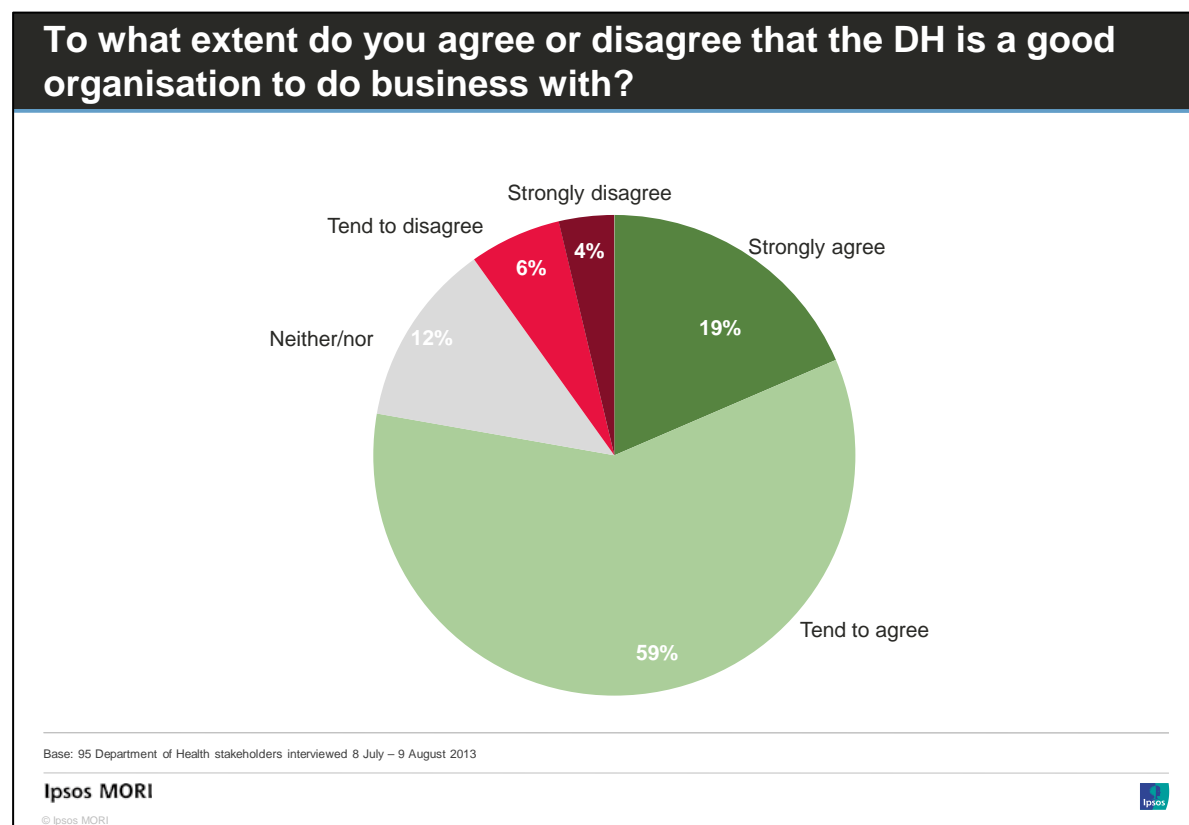
When reviewing these findings it is important to note the following:

- For the four questions which have been asked previously, we have also referred to the findings from the 2010 and 2012 surveys. However, it is not possible to say whether or not any differences are statistically significant. The four tracking questions are analysed first, followed by the two new questions.
- Not all stakeholders who participated in the research are included in these findings, as some declined to participate in this part of the interview. These findings are therefore based on 95 stakeholders. Where percentages do not sum up to 100, this is due to computer rounding.
- These findings are subject to order effect; placed at the end of the interview, stakeholders will have answered with the previous topics they had discussed in mind.
- All six questions had the same five-point response scale: strongly agree, tend to agree, neither agree nor disagree, tend to disagree, strongly disagree – stakeholders could also say they didn't know.

Is DH a good organisation to do business with?

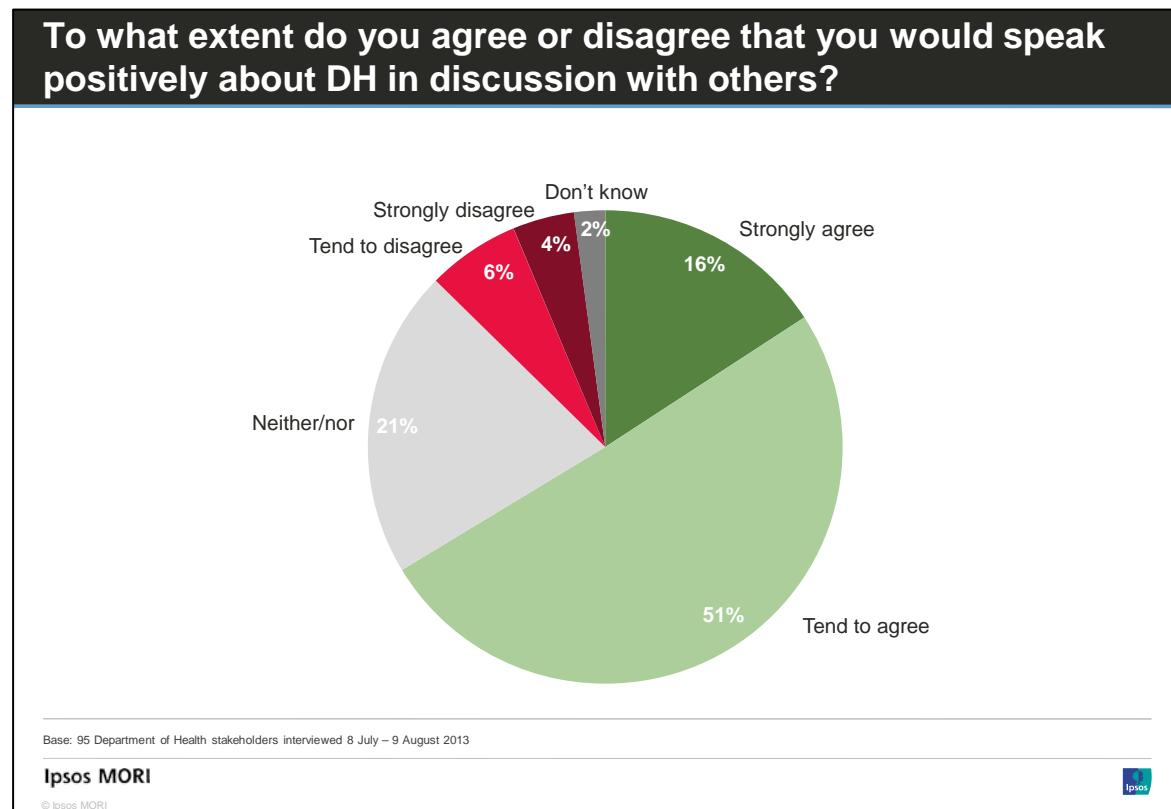
Responses to the quantitative questions tended to mirror many of the qualitative findings discussed in the previous chapters. Indeed, when stakeholders discussed the extent to which they agreed or disagreed DH was good to do business with, the majority agreed (78%), with only one in ten (10%) disagreeing. This appears to show an improvement from previous years, as in 2010 the figure agreeing was 61%, and in 2012 it was 65%.

However, the qualitative discussions showed that there was a perception that DH had less people and greater workloads, stretching resources and making it harder for civil servants to work things through with stakeholders. Additionally, there was a feeling that DH did not always understand stakeholder’s organisations or challenges. This could provide some explanation for why a greater number of respondents choose ‘tend to agree’ over ‘strongly agree’.



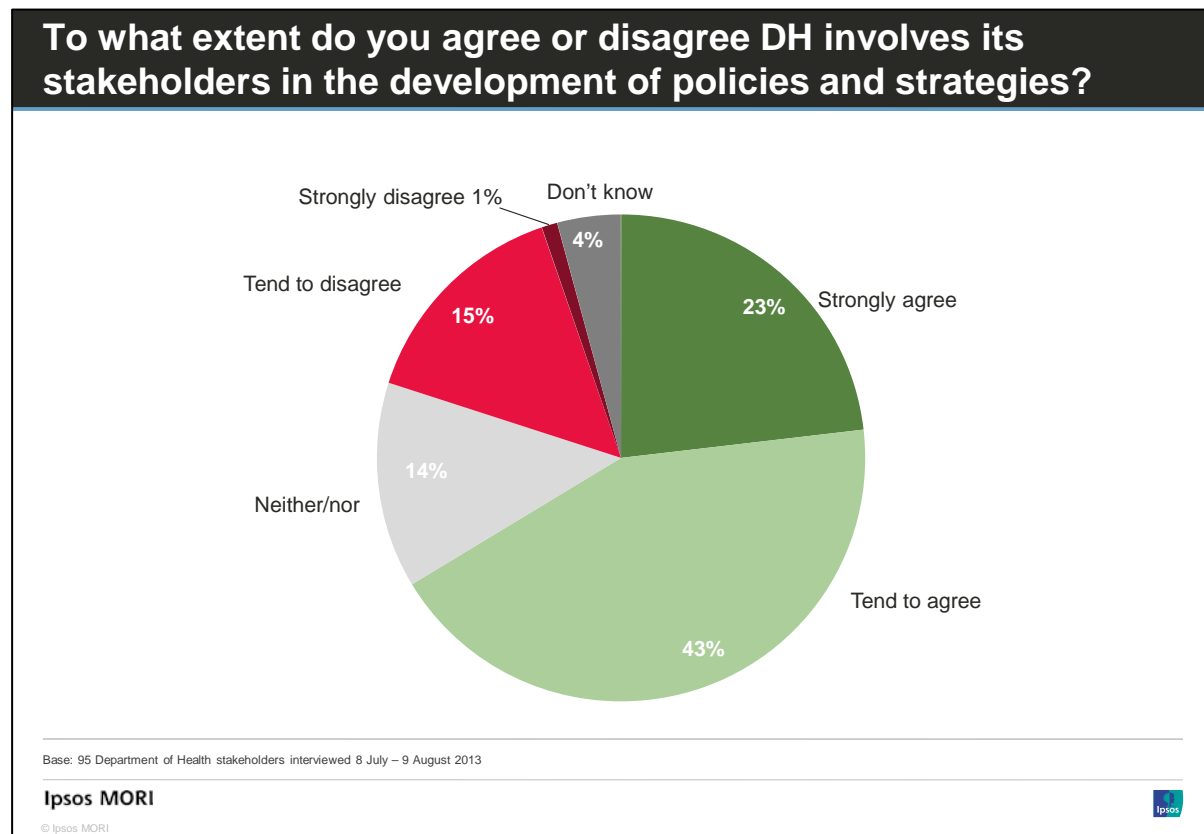
Would stakeholders speak positively about DH?

How positively stakeholders would speak about DH was closely linked with their views on how good DH is to do business, those rating doing business with DH positively, also tending to say they would speak positively about the Department. Findings show that the proportion agreeing that they would speak positively has remained steady over the past few years (67% this year, 67% in 2012, and 63% in 2010). One in ten disagreed with the statement, while a little more than one in five neither agreed nor disagreed (21%).



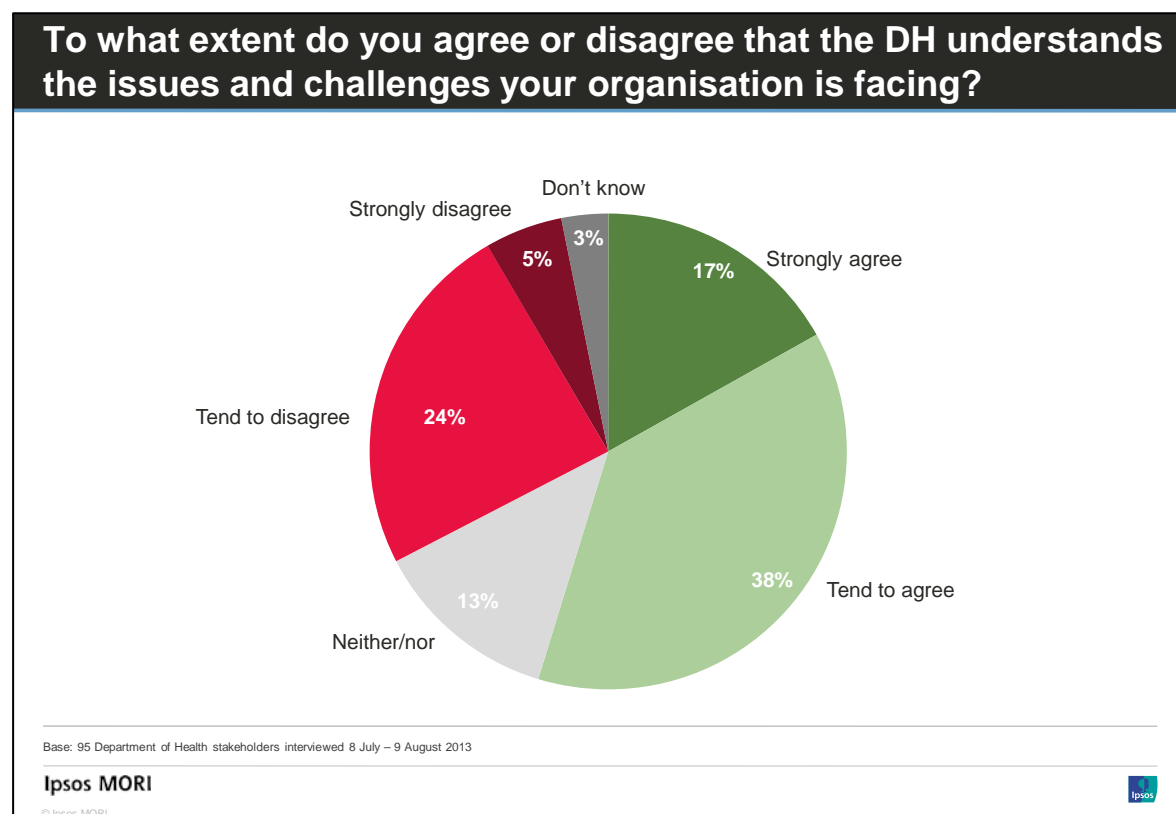
Does DH involve stakeholders in the development of policies and strategies?

As found in 2010 and 2012 the majority of stakeholders (66%) said that they felt DH involves them in the development of policies and strategies, and there appeared to have been an increase in those saying that they *strongly* agree that DH involves them (23% compared to 11% in 2012). This reflects the findings from the broader qualitative interviews, which showed that stakeholders felt DH had been working hard to engage them more effectively in policy making.



Does DH understand the issues and challenges that stakeholder’s organisations are facing?

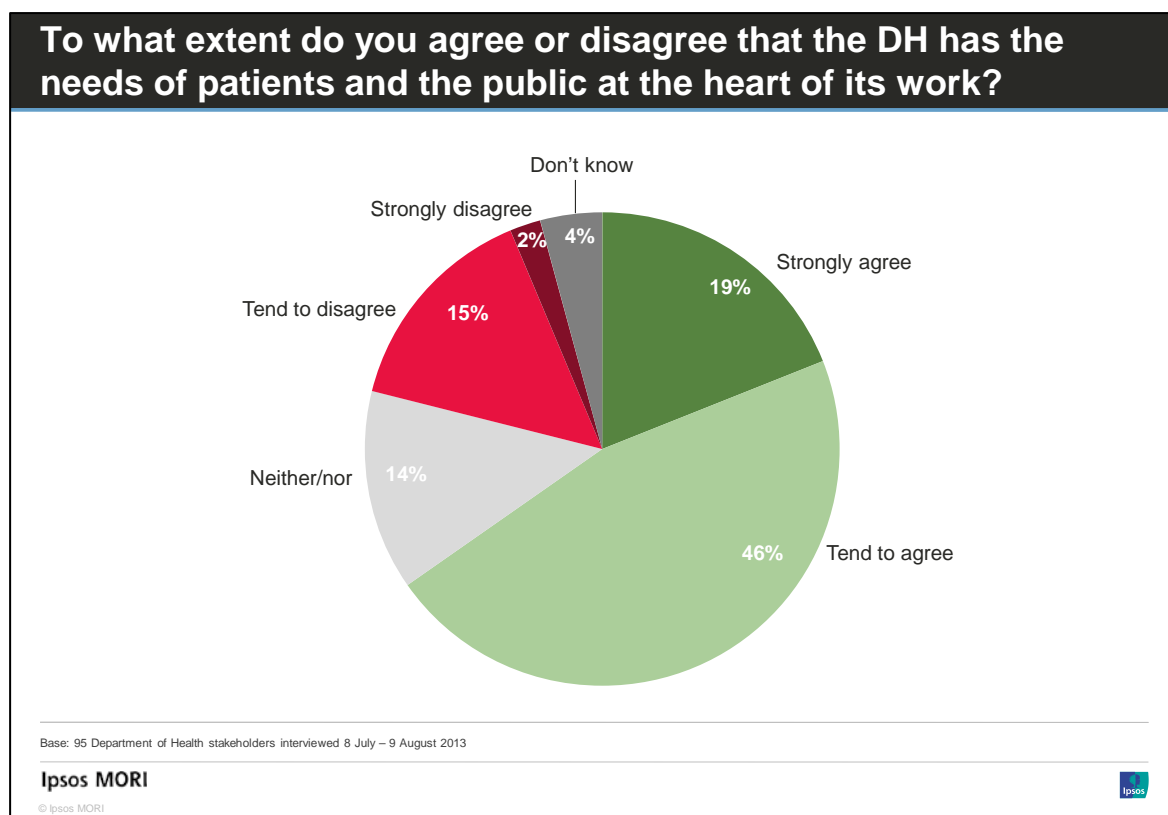
As with the previous tracker questions around one in five (17%) *strongly* agree this was the case, and two in five *tended* to agree showing that a significant section of stakeholder were consistently positive about the Department. However, opinions were far more mixed on this measure as in total only a little over half of stakeholders (55%) agreed that DH does understand their issues and challenges, while approaching three in ten (29%) disagreed. These results have remained consistent with 2012, suggesting further work may be needed to engender genuine two-way understanding and relationships with stakeholders. Indeed, this finding may reflect the frustration noted in Chapter Three that stakeholder engagement can involve DH largely communicating what it is doing rather than receiving feedback from the stakeholders on their challenges and priorities.



Does DH have the needs of patients and the public at the heart of its work?

When discussing the extent to which DH has patients and the public at the heart of its work qualitatively, stakeholders felt that while there are excellent civil servants who are immersed in these issues, there was not a consistent culture, or a systematic understanding of patient needs within the Department (see Chapter Five for more detail).

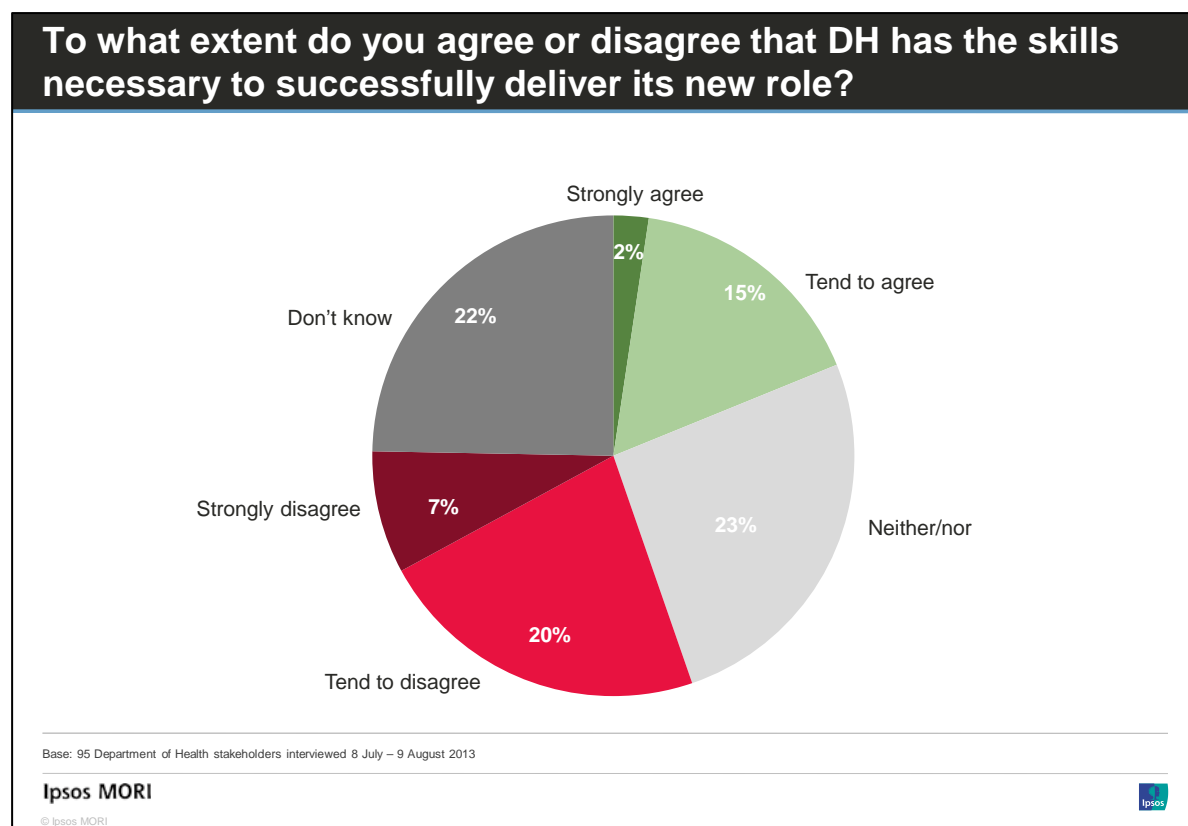
Perceptions of this key issue were also quantified to get a baseline measure of how stakeholders view this. Positively, around two-thirds (65%) agreed this was the case, and 17% disagreed. Follow-up questioning found that this feedback centred on a belief that this was a genuine aspiration for the Department and that civil servants genuinely care about the needs of patients and the public and the care they receive. However, there was uncertainty regarding how DH actually implements or exhibits this in the practicalities of its work. So, while there was clearly goodwill and a belief in DH working to achieve this as show in the quantitative data, the qualitative insight has shown that doubt exists over whether DH has the expertise and levers to do this effectively.



Does DH have the skills necessary to deliver its new role?

While the previous questions have been broadly positive, stakeholder perceptions of whether DH has the skills necessary to deliver its new role were far more mixed. Approaching half of the stakeholders (45%) either said they did not know, or neither agreed nor disagreed. This supports perhaps one of the key narratives running throughout this report – that there was considerable uncertainty in the sector regarding how DH is approaching its new role. This doubt in DH’s skill base was exacerbated by the perception that many officials have left the Department. Indeed, the qualitative findings showed that for many stakeholders it was too early to tell whether they had confidence DH could deliver its role, and the quantitative data supports this conclusion

Furthermore, this is the only metric where the proportion disagreeing outweighs the proportion agreeing. More than one quarter (27%) either tended to or strongly disagreed, while only 17% agreed. This highlights the challenges DH faces in establishing its new role and building confidence within key stakeholder that it can deliver it effectively.



In conclusion, DH generally received positive quantitative ratings, with perceptions of how good the Department is to do business with performing particularly well. However, there was a high degree of uncertainty regarding whether DH has the skills necessary to successfully deliver its new role, and more than a quarter of stakeholders thought it did not. As such, there was a call for DH to provide clarity on the future of its role so that stakeholder’s can judge whether it has the skills and qualities required to deliver it.

7. Future priorities and challenges

7. Future priorities and challenges

Chapter summary

Stakeholders raised a number of different priorities and challenges that they think DH should focus on in both the short and long term. Following on from discussions in previous chapters, stakeholders with a more strategic focus felt DH should be tackling the cross-cutting crunch issues, such as impact of the ageing population and potential funding gap. These stakeholders felt DH needed to take bold action to ensure the sustainability of the system in the long term.

There were also calls from national bodies for DH to provide a strategic narrative or vision for the sector as a whole and to use this to provide greater stability and continuity across health and care.

The most common priorities for DH mentioned were making the new system architecture work, clarifying the roles and responsibilities of different bodies, and communicating DH's vision of its role and how it will work with stakeholders to deliver it. Linked to this many, stakeholders felt DH would need to step back from operational issues and allow delivery organisations the freedom to perform their roles.

Stakeholders also felt DH would need to use their input and expertise more widely and consistently to meet the challenges it faces.

While stakeholders identified significant challenges, they felt there were opportunities for DH to resolve the issues, and to define itself so that it can to add real value.

Stakeholders were asked to identify issues that DH needs to address, and any challenges or opportunities that it will face in the near future. They raised a number of overarching issues for DH to consider as the health and care sector, and its role within it, continues to evolve and develop. Addressing these issues will help instil confidence that DH is listening and responding to stakeholders' concerns.

It should be acknowledged that many stakeholders focussed on issues specific for their organisation or area of work – but also that some stakeholders have very niche perspectives and do not think about DH as a whole. This chapter will pull out the key themes that emerged as stakeholders looked to the future. Indeed, we have grouped the future priorities and challenges identified by stakeholders into three tiers:

1. Overarching system or sector issues to resolve
2. Clarifying DH's role within that system
3. Working with stakeholders at the granular level

Tier 1: The system as a whole

A section of stakeholders, mainly those with a national or strategic perspective, felt there were significant issues on the horizon that DH should be focussing on bringing the health and care sector, government, and the public together to address. These included the potential £30 billion funding shortfall by 2020 and the challenges involved with providing care for an ageing population. For these stakeholders DH needed to step back from short term

issues or political concerns as these sorts of issues, if not addressed, could make health and care provision unsustainable in its current guise.

To be frank the distinct impression you get, particularly from ministers, but also the Department is: 'how do we get through to make 2015'? That's really all that people seem to be focused on and the reality is unless we come up with a very different way of doing all of this and getting the change through very, very quickly there will be a crash and it will not be pretty and I don't get the sense actually, that they realise that's the big thing. So there's an opportunity, by the way, to provide system leadership for that change to happen.

Umbrella & Membership Group

To do this, these stakeholders felt a longer term strategic focus and leadership was required from DH. For these stakeholders, DH needs to provide a vision for the sector and look at the cross-cutting issues that other bodies cannot tackle. They also felt DH would need to be open to innovative ideas and solutions to resolve the challenges..

There are important strategic issues across the whole of the health sector that they should be identifying and leading efforts to resolve those strategic issues but on that they're really weak.

Arm's Length Body

Essentially these stakeholders wanted a clearer vision from the Department of how these issues could be responded to that the rest of the sector could work towards, and the public could be engaged in.

I think they need to have a more responsible conversation with the public about what it is that the country can deliver in terms of healthcare.

Professional Body

Tier 2: DH's role within the system

At the time of the research, while some picked out the more strategic, overarching issues, most stakeholders focussed on the shorter term challenge of making the new system architecture work.

Clarifying the roles and responsibilities of each of the major bodies was seen to be an essential short term goal for DH amongst these participants. There was a broad consensus that the system architecture needs to work efficiently and that accountability needs to be clearly defined. Stakeholders identified that it was a major challenge for DH to understand and communicate how the complex new system will work and they particularly wanted DH to set out its responsibilities in relation to NHS England's.

I think it's all slightly in code at the moment. The Department should communicate these things in stages. Set out a broad map and then work at it over a number of engagements, rather than doing it all in one go.

Regulator & Statutory Body

DH has got to work out its relationship with half a dozen different agencies all of which incidentally are extremely keen on expanding and aggrandising their own role.

Trade Union & Staff Association

Linked to this, it was widely suggested that a key priority for DH should be shaping what role it will play in the new system, and communicating that with clarity to stakeholders. Participants wanted to see DH getting to grips with its new role, and to be transparent on what its responsibilities are and what it's trying to achieve, and a few suggested this may involve pushing back to ministers.

There is a need for clarity: a distinction between their different responsibilities and how they operate. This 'guardianship' or 'stewardship' - how will that operate?

Professional Body

They need to talk to ministers about the role of DH so that they can go back and communicate to stakeholders clearly. Make sure that all players know their role.

Trade Union & Staff Association

Some also felt that information should be provided to stakeholders to help them navigate the system and start building up relevant contacts.

More work on the practical day to day level - i.e. who should stakeholders contact about X for example.

Regulator & Statutory Body

There was an acknowledgement that it is early days and that a full understanding of DH's new role may take some time but stakeholders are expecting to see progress very soon, and wanted DH to outline milestones for achieving this.

It will be 2-3 years before we will see a situation where people are used to their roles – that's the biggest challenge as they need progress now.

Other Government Department

A cross section of stakeholders highlighted DH's ability to step back and take a more arm's length approach as a particular challenge. For these stakeholders, DH needs to trust delivery organisations to deliver, and allow them the space to perform this role. There was significant doubt regarding whether DH would be willing or able to do this though.

I would like to see them working even more collaboratively with their partners and playing more to our strengths and trusting us to do things. It's our responsibility to deliver and they don't need to micro manage.

Professional Body

They should have confidence in the organisations they have set up, and should give them a bit of space and be a bit calmer about how it's going to operate.

Trade Union & Staff Association

Relinquishing this control was thought to be something that could reduce DH's power. While this was viewed as an opportunity by some, as it could enable them to focus on more

strategic, cross-cutting issues, a minority questioned whether DH would still be able to exert sufficient influence to achieve its priorities, and others went as far as to say it could have a negative impact on the morale of officials.

They're doing less and less themselves directly, and are more and more responsible for the overall coherence of the system, while having fewer direct levers. I don't think the Department has culturally got itself into an understanding of what that means.

Regulator & Statutory Body

Being at arms' length from the major delivery problems and having limited power to do anything about them will have an impact on staff morale and could potentially lead to loss of people.

Professional Body

There was also a call for DH to provide as much stability and continuity in the sector as possible as the sector seems to be in constant flux. These stakeholders wanted DH to allow the system to settle, and for long-term plans to be implemented. This would benefit the quality of work of civil servants, but also the input that stakeholders can provide if they are working to agreed priorities.

There's always the turmoil of change. The thing that makes the health system work so well is the professionals. You actually need periods of stability. I would like to see more broad party support for some of the things that the government are trying to do on social care, on public health so it doesn't get to be such a political football.

VCS & Social Enterprise

There is a revolving door of health ministers. DH has knowledgeable staff but they're subject to the powers of the system on a short-term basis. I would love to see someone come in a take ownership and stay. Something to avoid the 2-3 year windows of paralysis in the NHS.

Commercial & Industry

Tier 3: Building effective relationships with stakeholders to respond to future challenges

Underpinning the future challenges and opportunities which stakeholders identified was a desire for DH to work ever more closely with them, both to utilise their expertise and to ensure the system can function smoothly. For example, several noted that they felt DH should be working with stakeholders to define its role and relationships going forward, and how it interacts with other bodies. Essentially, stakeholders wanted to see DH implement a more coherent and consistent engagement strategy with its stakeholders with the aim of building stronger relationships.

It would be useful to bring stakeholders together to discuss for example the relationship with NHS England.

Regulator & Statutory Body

Working with stakeholders to develop a sense of the role of the Department and how external parties will be involved with the Department.

Umbrella & Membership Group

While consistency and coherence was vital, these stakeholders tended to caveat this point by suggesting that while the principles of engagement should be consistent, DH should build bespoke relationships where stakeholder's challenges and issues are recognised. Indeed, the quantitative findings have shown this is an area where DH does not perform as strongly.

They need to be more collegiate. They need to be more discriminating in their relationships. They need to understand better what their relationship with one particular body and why it's different from another. They need to build different, more bespoke relationships with different sorts of organisations.

Regulator & Statutory Body

Tied in with this, it is important to recognise that a significant portion of stakeholders picked out niche issues relating to their specific area of work that they wanted DH to focus upon. For these participants, the broader scheme of DH's remit was of limited concern as they focussed on their own specific challenges and objectives.

Given the positive trajectory of working relationships there was widespread confidence that DH would continue to build and enhance the relationships it has with stakeholders. Most recognised that embedding best practice across the entire Department would be challenging but felt the right foundations were in place for improvements to continue.

Opportunities for DH

In general, stakeholders tended to describe DH's opportunities as in synergy with its challenges. For instance, many saw clarifying DH's role as a major challenge, but also felt that getting it 'right' was an opportunity in that DH could define its own role and focus its attentions on key policy areas where it could add value.

It would be nice to see what wisdom they develop from being removed from the day to day operation and avoiding being the mouthpiece of political views. They should complement and challenge NHS England.

Professional Body

Additionally, some of the changes to how health and social care will be managed were seen as real chances to make a difference, particularly in the face of funding pressures. Driving forward integrated care was a particular example of this.

Integrated care will be challenging but it is an area they can make a real difference.

VCS & Social Enterprise

How do we carry on doing things better with less money? Part of that is getting value out of public health, the NHS and social care working together. And the Department is where all these three things come together.

Arm's Length Body

Other stakeholders talked about more specific issues, such as focussing on a public health agenda, and taking public health more collectively into their work. There were similar mentions across other policy areas such as social care, reflecting the vast range of challenges DH faces but also that stakeholders felt there were numerous areas it could add value, once structural system issues were resolved.

Health isn't just about the NHS. DH could promote health and wellbeing. Policy as public health policy, rather than illness and treatment.

Arm's Length Body

In summary, stakeholders identified a number of issues that DH could help to address, and their focus ranged from major structural and system issues such as the ageing population, to specific areas of policy and working relationships. This poses questions for DH, as for some the overarching strategic issues make other concerns null and void, while others are looking for the resolution of specific issues. Furthermore, there was a feeling among a minority of stakeholders that DH would need to find resolutions to system issues quickly, or further restructuring may be legislated.

8. Issues for consideration

8. Issues for consideration

This research has provided an overview of stakeholder perceptions of working with DH and how it involves them in policy making, as well as views on how the new system and DH's role within it is functioning, and what they thought DH's future challenges and priorities should be. From this, certain themes and narratives have emerged and it will be important for DH to consider how it responds to these key issues.

1. Making the challenges the sector faces more visible

For those stakeholders who view the sector from an overarching, strategic perspective there was a concern that DH was not taking sufficient action, or acknowledging, the huge pressures the sector will increasingly feel in the coming years. These participants thought DH needed to tackle these issues head on and to have far more frank conversations with the sector and the public about what is realistic given budgetary pressures and the increasing cost of running the health service.

Making visible that it recognises and will be taking steps to address these challenges was seen to be vital, as was using stakeholder input to develop radical solutions.

2. Managing expectations regarding how DH will operate in future

Perhaps the most prominent theme running throughout the report is that stakeholder expectations of what DH's new role would entail have not matched the reality, in these early months of the new system. As a result, it was widely felt that DH needed to articulate how it will operate in future and provide clarity as to what this means for the stakeholders it works with. Essentially, DH has to establish the 'rules of the game' and manage stakeholders through the consequences of this to avoid duplication or unproductive working arrangements.

3. Defining boundaries and resolving organisational conflicts

Following on from the previous point, it was perceived that organisations are currently competing for influence due to uncertainty regarding who has responsibility for what. Once DH confirms how it envisages executing its role, it will be important that it brokers relationships to ensure the system will work efficiently and successfully, and that these 'arm wrestles' are resolved.

4. Engaging strategic stakeholders in a more tailored manner

It was suggested that to help DH to respond to the challenges it faces it should look to set-up a forum for its most senior, strategically important stakeholders. Such a body of stakeholders could then focus on resolving the major issues the sector faces.

5. Building on strengths

In terms of how it works with, and engages stakeholders, DH appears to be on a positive trajectory. However, participants have highlighted various areas for improvement and inconsistencies across the Department in how stakeholders are managed. It is therefore important that DH builds on its strengths, embeds best practice throughout the organisation and arrests any issues in working relationships. For example, the approach to involving stakeholders in the Care and Support Bill has been positively perceived and should be used as an example of 'good' stakeholder engagement.

9. Appendices

9. Appendices

9.1. List of organisations that took part

107 stakeholders participated in this research. The following is a list of the organisations that took part, and were happy to say that their organisation participated in this research, grouped by the categories used by DH.

Category	Organisation
VCS and Social Enterprises	Action for Prisoners Families
	Age UK
	Alzheimers Society
	ASH
	Association of Chief Executives of Voluntary Organisations
	Breakthrough Brest Cancer
	Brook
	Carers UK
	Citizens Advice
	Community Service Volunteers
	Co-ordinated Action against Domestic Abuse
	Diabetes UK
	Disability Rights UK
	Macmillian
	Mencap
	Men's Health Forum
	Mental Health Providers Forum
	Mind
	Nacro
	National Housing Federation
Patients Association	
Race Equality Foundation	

	Rethink
	UK Health Forum
	Voluntary Organisations Disability Group
Umbrella & Membership Group	Family Doctors Association
	Foundation Trust Network (FTN)
	LIFT Council
	National Association for Voluntary and Community Action
	National Association of Primary Care
	National Care Forum
	National Voices
	NHS Confederation
Trade Union & Staff Associations	British Medical Association (BMA)
	General Practice Committee of the BMA
	NHS Employers
	NHS Partners Network
	Public Health Medicine Consultative Committee
	Social Partnership Forum
	Unite the Union
Research and Think Tanks	The King's Fund
Regulators and Statutory Bodies	Children's Commissioner
	General Dental Council
	General Medical Council
	Health and Care Professions Council
	Healthwatch England
	Human Fertilisation and Embryology Authority
	Human Tissue Authority
	Medical Research Council

	Monitor
	National Audit Office
	Nursing and Midwifery Council (NMC)
	Parliamentary and Health Service Ombudsman
	Professional Standards Authority
	Standing Commission on Carers
	UK Public Health Register
Professional Body	Academy of Medical Royal Colleges
	Faculty of Public Health
	Pharmaceutical Services Negotiating Committee
	Royal College of Anaesthetists
	Royal College of GPs
	Royal College of Midwives
	Royal College of Nursing
	Royal College of Paediatrics and Child Health
	Royal College of Physicians
	Royal College of Psychiatrists
	Royal College of Surgeons
	Royal Society of Public Health
Professional Education	Skills for Care
Other Government Department	Department for Business, Innovation and Skills
	Department for Culture, Media and Sport
	Department for Education
	Department of Communities and Local Government
	HM Treasury
	Home Office
	Ministry of Defence
	Ministry of Justice

	Northern Ireland Executive
	Welsh Assembly Government
Local Government	Association of Directors of Adult Social Services (ADASS)
	Association of Directors of Public Health
	Local Government Group
	SOLACE
Commercial & Industry	Association of British Healthcare Industries (ABHI)
	Association of the British Pharmaceutical Industry
	Boots
	British Generics Manufacturers Association
	DHL
	Food and Drink Federation
	Patient Opinion
	Pharmacy Voice
Arm's Length Body	Equality 2025
	Food Standards Agency
	Health and Social Care Information Centre
	Health Education England
	Health Research Authority
	National Institute for Health and Clinical Excellence (NICE)
	NHS Blood and Transplant
	NHS Business Services
	NHS England
	NHS Litigation Authority
	NHS Shared Business Services
	NHS Trust Development Authority
	Public Health England

9.2. Discussion guide

1. Introduction	Notes
<ul style="list-style-type: none"> ▪ Thank participant for taking part ▪ Introduce self / Ipsos MORI / DH ▪ Overview of why DH doing research – to explore the Department’s relationship with its stakeholders in the context of this period of transition, in order to understand current working relationships and to inform future stakeholder engagement. Mention that this is part of a wider DH stakeholder engagement work and that this research takes place on a regular basis. ▪ Confidentiality: reassure participant that all responses are anonymous and that information about individual cases will not be passed on to DH unless they give express permission – you are just here to gather views ▪ Permission to record – transcribe for quotes ▪ Interview duration – will depend on what they have to say – usually 30 to 45 minutes 	
2. Levels of awareness and involvement with DH	
<p>Can you start by telling me about the ways you / your organisation come in to contact with DH? PROBE:</p> <ul style="list-style-type: none"> ○ How long have you personally been in contact with DH? ○ What type of contact do you mainly have? <p>What do you talk to DH about on a regular basis? PROBE:</p> <ul style="list-style-type: none"> ○ What issues are you currently being engaged by DH on? <p>Where are your points of contact within DH? PROBE:</p> <ul style="list-style-type: none"> ○ Directorates? Policy teams? ○ Does the quality of relationship differ by directorate / policy team? ○ Does the quality of relationship differ by the seniority of your point of contact? ○ Do you know who to speak to if you have a question or want to engage on a particular issue? <p><i>For those working across multiple teams / directorates:</i></p>	

<p>Is DH joined-up internally? PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? Can you give me some examples? ○ Has there been a change in this in the last year? <p>Are you aware of any programmes that DH runs with its stakeholders? Probe on:</p> <ul style="list-style-type: none"> ▪ National Stakeholder Forum? ▪ Corporate Partner Programme? ▪ 3rd Sector Strategic Partner Programme? <p>IF YES PROBE:</p> <ul style="list-style-type: none"> ○ What is the purpose of the programme/forum? ○ What does the programme/forum involve? ○ How involved are you in the programme/forum? ○ What is good/bad about the programme/forum? ○ What, if anything, could be improved? 	
3. Working relationships and engagement with DH	
<p>As you know, the passage of the 2012 Health and Social Care Act was a challenging period for DH.</p> <p>In terms of stakeholder relationships, what is the legacy of that? PROBE</p> <ul style="list-style-type: none"> ○ Has it affected relationships overall? ○ Is DH conducting business differently as a result? <p>What three words would you use to describe DH as an organisation? PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? <p>How do you / your organisation find working with DH? PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? Can you give me some examples? ○ What works particularly well / less well? ○ Has this changed at all over the last year? ○ How could your working relationship with DH be improved? <p>How does DH engage you? PROBE:</p> <ul style="list-style-type: none"> ○ Which work particularly well, or less well? ○ What should DH stop / start / continue to do to engage stakeholders? <p>Are there any gaps in how you are engaged by DH? IF YES PROBE:</p> <ul style="list-style-type: none"> ○ How could this be addressed? 	

<p>Does your level of engagement with DH meet your expectations?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ Does your satisfaction differ according to the area of DH you are dealing with? ○ Is it appropriate? I.e. too much / too little? ○ Were you brought into the right things? ○ Were you brought in at the right time? ie too early/too late? ○ What steps, if any, could DH take to engage you further and seek out your views? 	
4. The DH role and its impact on stakeholders	
<p>We have talked about the impact of the Health and Social Care Act on working relationships with stakeholders. However, we'd now like to explore how the Act has affected DH's relationship with the sector as a whole.</p> <p>As a starting point, to what extent do you think the new health and social care system is coherent and well-organised?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? ○ To what extent is that due to DH? (I.e. if there are issues, is it a system design issue or are people ignoring the 'rules'?) ○ What should DH do to address any issues? <p>What do you understand DH's vision for the health and care system to be?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ Has DH communicated its vision to you or worked with you to develop its vision? ○ How effectively has DH shared its vision for the sector with you? <p>What do you understand the DH role in the new system to be?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ How does its new role differ from its former role? ○ How well placed is DH to deliver its new role? E.g. does it have the right skills / capabilities? How might it need to change its new role? ○ Where are the major gaps / challenges? ○ Are you confident these can be addressed? ○ Will it alter your working relationship in the short / medium / long term? ○ Have common understandings / expectations / objectives between you and DH been agreed for your future 	

<p>relationship?</p> <p>How well or otherwise has DH communicated its new role and responsibilities to stakeholders?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? ○ What requires greater clarification? <p>What impact will DH's new role have on the Department itself?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ Should DH be positioning itself differently externally? <p>With this in mind, what specific qualities will DH need to have in order to deliver its new role?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ If you had to choose 2 or 3 words what would they be? ○ Why do you say that? 	
<p>5. Policy making</p>	
<p>Moving on to policy making and the strategic direction of the Department, what do you think DH's key priorities are?</p> <p>INTERVIEWER NOTE: <i>Jeremy Hunt has defined his top 4 priorities as:</i></p> <ol style="list-style-type: none"> 1. <i>Quality of care</i> 2. <i>Bringing the technology revolution to the NHS</i> 3. <i>Improving treatment and care of dementia</i> 4. <i>Improving mortality rates</i> <p><i>He has also sought to be the 'advocate of the patient'.</i></p> <p><i>Please listen out for mentions of these and probe accordingly.</i></p> <p>PROBE</p> <ul style="list-style-type: none"> ○ How have the current priorities changed from previous DH aims? ○ Do you think these are the right priorities for DH? <p>Since the Health and Social Care Act was passed, which areas of policy have you been in contact with DH about?</p> <p>PROBE</p> <ul style="list-style-type: none"> ○ How were you engaged / involved in the process? ○ To what extent were you satisfied with this engagement / involvement? ○ Were you listened to and did you receive feedback on your input? ○ Does engagement / involvement in policy making differ by policy area? 	

<p>How has DH approached policy making since the Health and Social Care Act passed? PROBE</p> <ul style="list-style-type: none"> ○ Have there been any changes? I.e. are they more collaborative / open / transparent? ○ IF YES: what has changed? Can you give me some examples? <p>Does DH use stakeholder input effectively when making policy? PROBE</p> <ul style="list-style-type: none"> ○ Do they use stakeholder relationships to develop the 'right' set of policies? ○ Does DH use stakeholder expertise to improve its evidence base? <p>What more, if anything, could DH do to engage or involve you in policy making more effectively?</p> <p>What are your views on the current policy direction that DH is following?</p> <p>What do you think of the Department's approach to handling the Francis Enquiry? PROBE</p> <ul style="list-style-type: none"> ○ What specifically are you aware of DH doing in response to Francis? ○ Do you think Francis has had an impact on DH's role and how it discharges it? <p>To what extent does DH have the needs of patients and the general public at the heart of its work? PROBE</p> <ul style="list-style-type: none"> ○ Why do you say that? ○ What could DH learn from you or other stakeholders in order to represent the needs of patients more effectively? ○ 	
6. Doing business with DH	
<p>To what extent do you agree or disagree that the DH is a good organisation to do business with?</p> <p><i>Moderator note: If respondent says 'agree' or 'disagree', please prompt: do you strongly agree/disagree or tend to agree/disagree. Please code the response in the analysis database.</i></p> <p><i>After recording the response to the quantitative question please ask the following open questions to better understand participant responses:</i></p>	

<ul style="list-style-type: none"> ○ What were you thinking about when you answered the question? I.e. what is the purpose of your relationship with DH? What does DH being 'good to do business with' mean to you? ○ When 'doing business with DH' do both you and DH tend get what you need? ○ How effective do you think DH is at getting what it needs from its working relationships with stakeholders? <ul style="list-style-type: none"> ○ Is DH clear on what it wants? ○ Is it assertive in getting it? 	
7. Quant questions	
<p><i>Moderator note: Explain to participant that you are now going to ask some closed, quantitative questions. Read out the scale (below) and, if it helps, mention that this is a five point scale with a 'neither/nor' option. Please ask them to rate each question on this scale.</i></p> <p>Strongly agree Tend to agree Neither agree nor disagree Tend to disagree Strongly disagree Don't know</p> <p><i>If respondent says 'agree' or 'disagree', please prompt: do you strongly agree/disagree or tend to agree/disagree. Please ask all questions and code the responses in the analysis database</i></p> <p>To what extent do you agree or disagree that you would speak positively about DH in discussion with others?</p> <p>To what extent do you agree or disagree that the DH involves its stakeholders in the development of policies and strategies?</p> <p>To what extent do you agree or disagree that the DH understands the issues and challenges your organisation is facing?</p> <p>To what extent do you agree or disagree that the DH has the needs of patients and the public at the heart of its work?</p> <p>To what extent do you agree or disagree that DH has the skills necessary to successfully deliver its new role?</p>	
8. Future directions	

<p>What do you see as the greatest challenges facing DH in future? PROBE</p> <ul style="list-style-type: none"> ○ How well placed is DH to deal with this? <p>And what do you see as the greatest opportunities for DH? PROBE</p> <ul style="list-style-type: none"> ○ How well placed is DH to capitalise on this? <p>If you were the permanent secretary at DH, what would you be looking to do over the next year around stakeholder engagement? PROBE</p> <ul style="list-style-type: none"> ○ How do you expect your needs to change over the next few years? What makes these changes likely? <p>What would you like to see DH do in the next year? Why? PROBE</p> <ul style="list-style-type: none"> ○ And in the next five years? Why? <p>Thinking about the issues we've been talking about, what is the single most important message that you would like us to take back to DH?</p>	
9. Wrap up and close	
<p>Is there anything that you would like to add before we finish?</p> <p>THANK AND CLOSE</p> <p>ASK IF THEY ARE HAPPY TO SAY THEY TOOK PART?</p> <p>ASK IF THEY ARE HAPPY TO SAY THEIR ORGANISATION TOOK PART?</p> <p>ASK IF THEY WOULD LIKE QUOTES TO BE ATTRIBUTED OR ANONYMOUS?</p>	