



BUILDING THE NHS OF THE FIVE YEAR FORWARD VIEW

The NHS England Business Plan 2015-2016

NHS England Information Reader Box

Directorate

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Nursing	Transformation & Corporate Operations	Commissioning Strategy
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The NHS Commissioning Board (NHSCB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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Foreword from our Chairman

This business plan for 2015/16 reflects our commitment to the vision set out in the Five Year Forward View that we and our NHS partners published last October. It is a demanding programme, and it has to be pursued in an acutely challenging financial environment. Demand for healthcare services is continuing to rise steadily across the world, and England, with a growing burden of chronic disease, an ageing population and a common determination to be able to continue to deploy the most effective technologies and drugs, is not immune to that pressure.

All members of the Board have been encouraged and reassured by the wide support that the Five Year Forward View has attracted, and by the energy and enthusiasm we are now seeing in local development of new care models. We are confident that innovative transformation of services around the interests of patients is now underway and will bring benefit to millions of patients, but that its future success locally and its wider replication across England call for national leadership that is both committed and consistent. The history of NHS reform is mixed at best. All the evidence shows that top down prescription, structural change and short-term shifts and fixes are the wrong approach. Local partners need the space, the support and the time to bring about lasting changes.

At the same time we need to ensure that patients enjoy continuity of care to the highest standards, and that we lead the transformation of service in areas where we currently fall short as a nation, such as cancer, mental ill health, diabetes and learning disabilities.

This plan takes us from vision to commitment. It describes what NHS England is setting out to achieve in 2015/16 and our measurable commitments under each heading. Its purpose is to tell the world what we propose to do, how and why, and how our achievements may be assessed. Hence, it also acts as

an instrument of assurance to Government in relation to the mandate they have set for us and other actions we agree with them. It sets out for our own staff the action plan for their work for the year. And it is an instrument of governance through which the executive account to the Board of NHS England.

There is a clear vision for the continual improvement of the NHS in England for the coming year, and for the years beyond, and the long overdue transformation of the mode of delivery. The work requires a strong coalition of willing partners both nationally and locally - a social movement - who are in it for the long-term, and determined to drive real value for money and greater efficiency for all involved in the NHS.

Professor Sir Malcolm Grant
Chairman, NHS England



Introduction from our Chief Executive

In 2015/16 NHS England is tasked with the high responsibility of investing £101 billion on behalf of our fellow citizens to improve health and wellbeing, secure high quality care, and put the NHS on a path to a sustainable and vibrant future. In doing so, we've set ourselves the ambition at all times of thinking like patients, and acting like taxpayers.

This plan summarises our headline goals and priorities for the year ahead. The NHS goes into this coming year with three rather different but not inconsistent impulses: justifiably proud of what's been achieved, acutely aware of the need to tackle current service pressures, while simultaneously ambitious for the NHS of the future.

In doing so, we build on foundations laid over the past year. In 2014/15 NHS England's work has included:

- charting a widely supported strategic direction for the NHS in the Five Year Forward View;
- launching radical new vanguard models redesigning care for five million people, initiating new ways of empowering individual patients such as integrated health and social care personal commissioning, and triggering new high-impact prevention programmes for obesity and diabetes;
- working with government to secure additional funding for the NHS this year and next, with priority investments in primary care and mental health, and fairer local allocations halving the number of clinical commissioning groups furthest below their target share;
- supporting the NHS' operational service performance in the face of sharply rising demand, in partnership with Monitor, the NHS Trust Development Authority and the Department of Health;

- devolving and decentralising power: increasingly co-designing our national health strategies with voluntary sector and patient groups, citizens and community partners; offering local clinicians in three quarters of clinical commissioning groups the opportunity to influence a far wider range of primary and specialised care; and launching a bold new 'DevoManc' partnership for Greater Manchester;
- all while cutting our own running costs by over 30 percent over two years.

We believe the NHS is not just a care and repair service, but a social movement - a critical part of the fabric of local communities and our shared life as a nation. So we look forward to working with you on the shared agenda identified in this plan over the coming year.

Simon Stevens
Chief Executive, NHS England
March 2015



Overview

Our mission is to improve health and secure high quality health care for the people of England, now and for future generations.

NHS England operates under a democratic mandate from the Government and our priorities in this Business Plan 2015/16 are chosen to deliver the main themes of that mandate, while advancing the agenda the NHS has set for itself in the NHS Five Year Forward View.

Four of our priorities aim to improve health:

- **Cancer** will affect one out of every two of us at some point in our lives. Outcomes have been steadily improving but prevention, earlier diagnosis and better care offer the opportunity of saving many thousands more lives.
- **Mental health** problems represent about a quarter of the nation's 'illness burden', but access to services is worse than for physical health conditions and funding has been lower.
- There have been major improvements in the support and care for people with **learning disabilities** over several decades but there remains much more to do.
- Obesity prevention, which will slow the growth of Type 2 **Diabetes** will have a substantial benefit to the health of our people, and the future sustainability of the NHS.

Four of our priorities aim to redesign NHS care around patients and what they need most:

- We need to reshape the **NHS' urgent and emergency care** services so they respond effectively to the increasing demands placed on them.
- We need to strengthen **primary care** as the foundation for personalised NHS care.
- We must ensure **elective care** continues to meet service standards and remain accessible for patients.
- We must reshape **specialised services** to improve their quality and future affordability.

We can only succeed with these eight priorities, in both the short and long term, if we ensure the NHS is **financially sustainable**. For 2015/16 the revised Government mandate allocated an extra £1.83 billion to NHS England - this, along with a further £150 million of our own reallocated resources, has resulted in a total of £1.98 billion for frontline services. This will help us further

invest in primary care and kick start investment in new models of care. But the financial challenge remains substantial and will inevitably require broad-based and fundamental action by all parts of the NHS next year, and in the years to come.

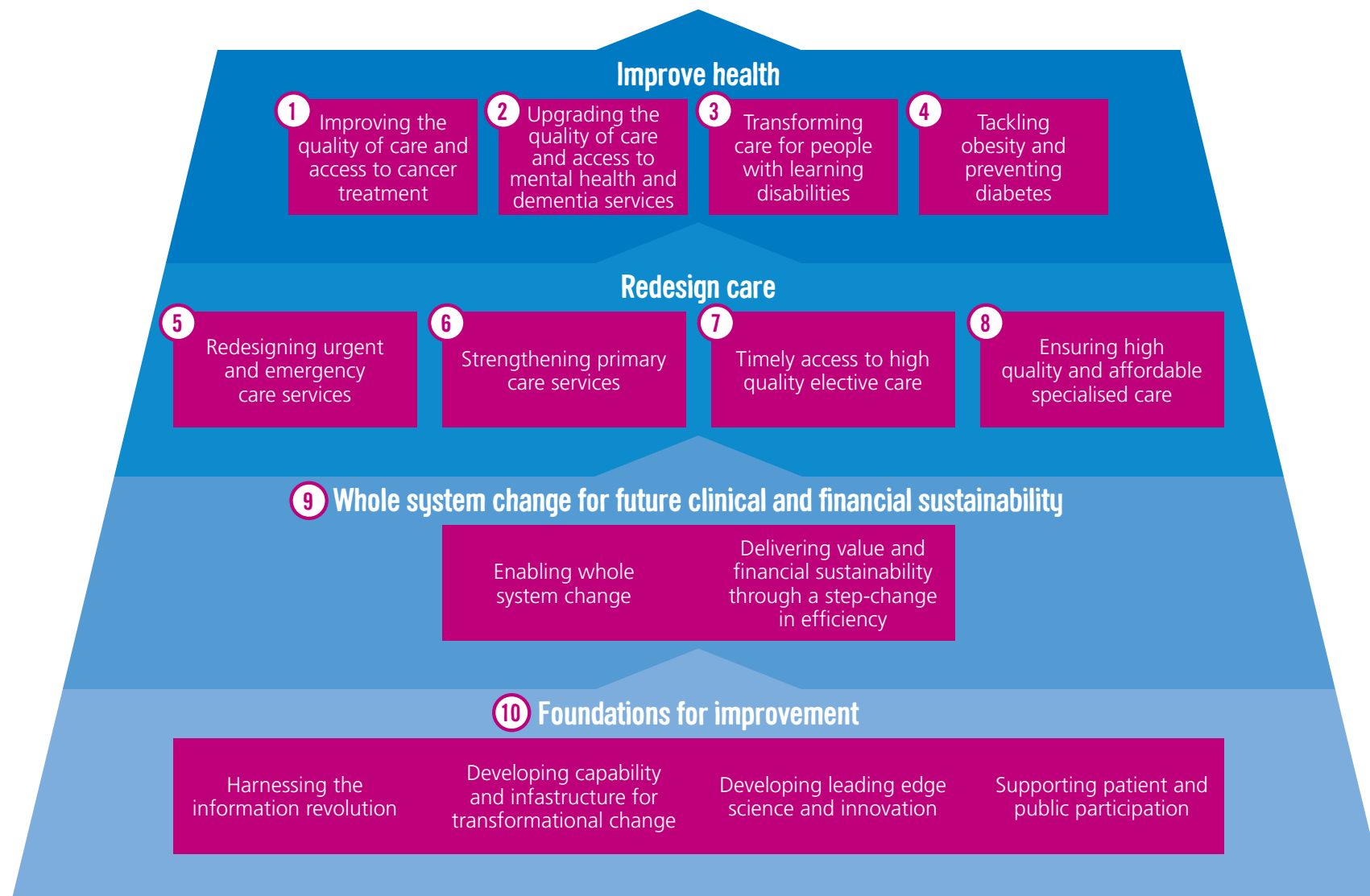
That requires us to build and invest in **the foundations for improvement to happen**.

This work is broad and has several important elements including building on existing work to use data and technology more effectively, encouraging and investing in the benefits of innovation and science, such as Genomics, and building the capability and organisational infrastructure across health and care systems.

Most critically, and underpinning all of our work today, is the need to ensure our work is based on a clear understanding of what the people we serve need and want. So we will continue to engage and involve our patients, their carers and families and, more broadly, our fellow citizens and communities, to ensure high quality health and care now and for future generations.

Our Priorities for 2015/16

High quality health and care now and for future generations



A Summary of Our Priorities for 2015/16

Our ten priorities, and how we will make marked progress against each of them, are set out in more detail in this business plan. We also map some of our most important milestones in Our Year Ahead chapter to illustrate 'at a glance' our 2015/16 commitments.

For 2015/16 we are committed to:

Improving health, by:

- Improving operational cancer performance (meeting cancer waiting time standards) and publishing a new cancer strategy, setting the direction for the future.
- Implementing mental health waiting times standards.
- Improving the health outcomes for people with learning disabilities, by rolling out care and treatment reviews and implementing new service models.
- Targetting those at highest risk of Type 2 diabetes by enrolling patients into a diabetes prevention programme.

Designing the NHS around our patients, by:

- Delivering real change in how emergency services are configured and delivered at local level, by supporting local networks to implement new commissioning standards, designating roles and responsibilities and getting better at sharing information.
- Improving access to general practice through delivery of the Prime Minister's Challenge Fund and investing in primary care staffing and infrastructure.
- Improving referral to treatment times for planned hospital care.
- Reviewing specialised services to reduce unwarranted service variation, improve affordability and better meet local needs for patients.

Galvanising whole system change, and making the first steps towards future sustainable models of working, by:

- Supporting the development of first wave of vanguards and new ways of delivering care.
- Delivering Integrated Personal Commissioning demonstrator sites to offer personal health and social care budgets for patients.
- Reviewing maternity services to better empower women by offering more choice and control
- Developing the economic and financial strategy to support the Five Year Forward View.

Putting in place the foundations for improvement to happen, by:

- Making significant progress in taking forward the information strategy, including integrating the NHS111 digital service with NHS Choices, widening digital participation and offering most patients access to their detailed health record.
- Continuing to lead the way in science and innovation, for example by delivering a second wave of genomics medicine centres.
- Lining up our improvement and leadership capability to better support and enable local systems to transform in line with the Five Year Forward View.

The following pages describe each of our ten priorities in detail.

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Obesity and
diabetes

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Primary
care services

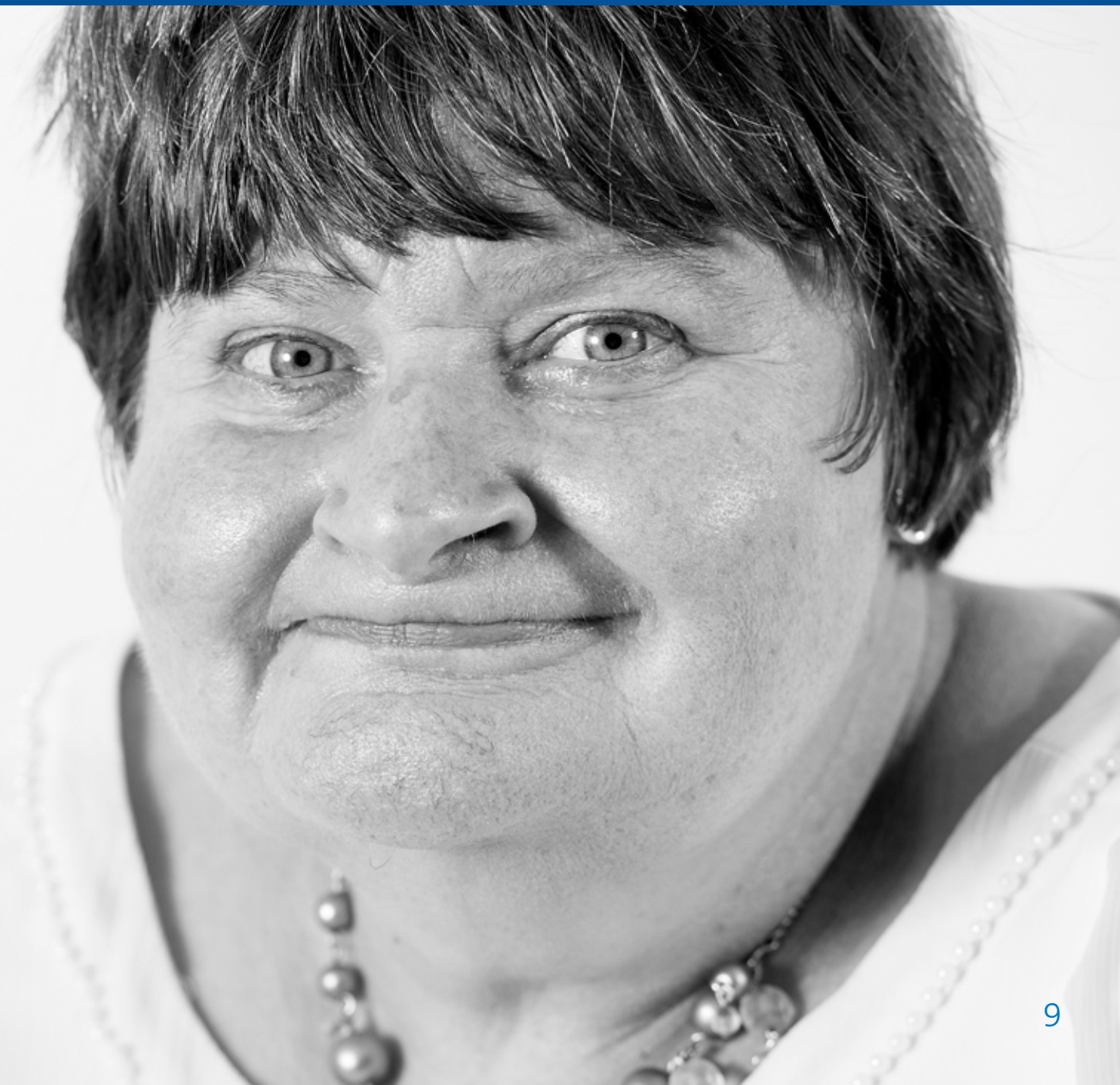
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Improving the quality of care and access to cancer treatment

One in two people born after 1960 will be diagnosed with some form of cancer in their lifetime. Fortunately, half of those with cancer will now live for at least ten years, whereas forty years ago the average survival was only one year. However, our cancer survival rates are still below the European average, especially for people aged over 75. Late diagnosis and variation in treatment are some of the reasons for this gap in survival rates.

Cancer services are also under increasing pressure. There has been a 51% increase in urgent GP referrals over the past four years and, rightly, more people are specifically attending for check ups.

This is why, along with our partners, we are committed to improving cancer care in two important areas throughout 2015/16.

Firstly, we will work with CCGs and NHS providers to improve operational performance so that delivery of cancer waiting times meets NHS Constitution standards. Our regional teams will work with Monitor and the NHS Trust Development Authority (NHS TDA) ensuring poor performance on cancer waiting times is effectively addressed. We will better co-ordinate local commissioning and our own specialised commissioning of cancer services to make this happen.

Secondly, we have established a cancer taskforce, led by the Chief Executive of Cancer Research UK, which will identify priorities for cancer over the next five years.

The strategy will focus on the three fronts set out in the Five Year Forward View - better prevention, swifter access to diagnosis (including raising awareness of cancer symptoms), and better treatment and care for those diagnosed with cancer. We will work with the cancer taskforce and a wider range of stakeholders, including patient groups to develop and then implement the new cancer strategy.

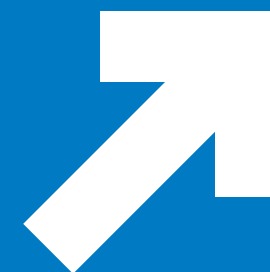
Through all of our work this year, we will look to address unwarranted variation across the country, drawing on patient experience and particularly focusing on the outcomes and experience of older people, children and young people, people from Black and Minority Ethnic (BME) communities and people with a learning disability.

*Lead National Director:
Bruce Keogh, Medical Director*

Cancer treatment

OUR 2015/16 COMMITMENTS FOR IMPROVING THE QUALITY OF CARE AND ACCESS TO CANCER TREATMENT:

- ✓ By summer 2015 the cancer taskforce to publish a new cancer strategy for England.
- ✓ By March 2016 alongside Monitor and NHS TDA, support the NHS to meet NHS Constitution Standards on cancer waiting times.
- ✓ By March 2016 support CCGs and GPs in driving improvement in early diagnosis and one-year survival rates; work with Public Health England to deliver the Be Clear on Cancer symptom awareness campaigns and forge ahead with delivery of the Accelerate, Coordinate & Evaluate programme of local innovation pilots, aimed at early diagnosis feeding learning into the 2016/17 commissioning cycle.
- ✓ By March 2016 tackle inequalities in outcomes and experience of people with a with cancer in England.
- ✓ By March 2016 work with partners to make progress in rolling out the Cancer Recovery Package, and wider cancer survivorship work.



**CLICK HERE
TO VIEW CASE
STUDY...**

**'Delivering better
services for older
people with cancer'**

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Upgrading the quality of care and access to mental health and dementia services

One in four people experience mental illness during their lifetime and many more of us know and care for people who do. However, for people with mental health conditions, services are not as accessible, comprehensive or responsive, as those for people with physical health conditions. People with mental health problems also have poorer health outcomes and life expectancy, lower diagnosis rates, longer referral times to the right services, and difficulty accessing crisis support.

The disparity in the quality and availability of mental health services is a long standing issue, despite mental health being the single largest cause of disability in the UK, contributing up to 23% of the total burden of disease.

We have started to make progress in ensuring that mental health is treated on a par with physical health through our Parity of Esteem programme, but we are committed to going significantly further.

The Five Year Forward View describes the vision for addressing this inequality and improving outcomes for mental health on four fronts: better prevention, increased early access to treatments and crisis care, integrating care to reduce premature mortality, and new ways of delivering services. To transform mental health services, we are creating a new cross-system taskforce responsible for developing a national mental health strategy, setting out how we will deliver the future vision for services, in partnership with stakeholders, by 2020.

We will also focus on delivering our commitments under the Crisis Care Concordat, ensuring that people can access the right

services at the right time. This will be underpinned by the new access and waiting time standards announced in *Achieving better access to mental health services by 2020*, which also includes early intervention in psychosis and liaison psychiatry. Early access to care reduces the negative impact that mental ill health can have on quality of life and supports people to remain in and sustain employment, bringing additional benefits for society as a whole.

The mental health of children and young people will continue to be a core strand of our work and NHS England will support delivery of the recommendations set out in *Future in Mind, promoting, protecting and improving our children and young people's mental health and wellbeing*. Mental health problems affect a child or young person's ability to function, build good relationships, do well at school and progress to independent adulthood. Seventy five per cent of long term mental health problems for adults are diagnosed before the age of 18, and the personal costs to individuals, wider society and the NHS from untreated mental illness are high.

The additional £1.25 billion over 5 years, announced in the recent Budget, will enable us to make significant progress in the transformation of mental health services available for children and young people. In particular, the focus will be on building capacity, including new access and waiting time standards for children's services and plans to make specialist talking therapies available in every area of the country (through the work on Improving Access to Psychological Therapy). The Children & Adolescent Mental Health Service (CAMHS) Transformation

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Programme and associated learning collaboratives, will develop and support the commissioning of specialist community teams for children and young people with eating disorders and develop new local services to support mothers with perinatal mental health problems.

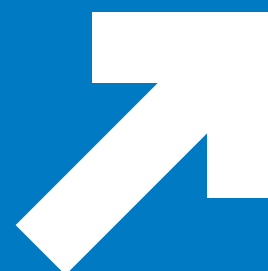
In dementia, increasing diagnosis rates enables improved access to support and information about living with the condition, better advanced care planning and access to support for carers, so we will make sure that diagnosis rates continue to improve. We are also working with our partners, including the Alzheimer's Society and other voluntary organisations, to develop a cross-organisational programme of services for people, following their diagnosis, to achieve greater consistency in services across England.

Our work relies heavily on effective engagement with patients and carers and close alignment with the other national NHS bodies, to support CCGs to improve mental health services and ensure we deliver true parity between mental and physical health.

*Lead National Director:
Bruce Keogh, Medical Director*

OUR 2015/16 COMMITMENTS FOR UPGRADING THE QUALITY OF CARE AND ACCESS TO MENTAL HEALTH AND DEMENTIA SERVICES:

- ✓ Throughout 2015/16 develop and implement access and waiting time standards including: Increasing Access to Psychological Therapies (IAPT); perinatal mental health; urgent care; eating disorders; early intervention psychosis; and psychiatric liaison.
- ✓ By November 2015 develop a national mental health strategy outlining the priorities for future service improvement.
- ✓ By March 2016 work with Health Education England to deliver further transformation of Child and Adolescent Mental Health Services, through the Children and Young People IAPT programme, covering 78% of 0-19 year olds.
- ✓ By March 2016 achieve and maintain the national dementia diagnosis rate of 67% and develop a five year transformation plan to ensure good post-diagnostic services for people with dementia across England.



CLICK HERE TO VIEW CASE STUDY...

**'Supporting younger people
with mental health problems'**

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Transforming care for people with learning disabilities

An estimated 1.2 million people in England have a learning disability. The events at Winterbourne View highlighted unacceptable care and for some people there is too much emphasis on long stays in hospitals, often far from people's homes. People with learning disabilities also have poorer physical health - particularly obesity and respiratory problems.

We are already addressing variation in the quality of services, including increasing community-based care and reducing the inconsistency of service provision across the country.

Our Transforming Care Programme aims to provide care for people with a learning disability and/or autism in their communities rather than in hospital. We are moving away from long term inpatient care and developing innovative ways of delivering services.

We recognise the importance of increasing life chances for children and young people with a learning disability. We will focus on avoiding inpatient admissions, particularly for those under 18 and, if admission is required, ensure a discharge plan is in place. We will also work with the Department for Education and the Association of Directors of Children's Services to ensure that children in residential schools have an education, health, and care plan to support their transition into adult services.

Fewer than half of people with learning disabilities have an annual Health Check so our work will also include increasing uptake of both health checks and cancer screening. In addition, we are developing a Learning Disability Mortality Review, to

understand why people with learning disabilities are more likely to die at a younger age, and to improve future care.

We are also working with our national partners on support for commissioners to ensure we have reliable, real-time data to inform our work and support, monitor and safeguard people with learning disabilities. We will identify performance indicators for 2016/17, including those on inequalities, patient health outcomes, the quality of commissioning and care, and value of services for the taxpayer.

Our work encompasses all groups of people with learning disabilities and we will work closely with patients and carers and our partners, including central and local government, professional bodies and the Care Quality Commission, to ensure we deliver the right services, in the right place, for people with learning disabilities and/or autism.

*Lead National Director:
Jane Cummings, Chief Nursing Officer*

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OUR 2015/16 COMMITMENTS FOR TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES:

- ✓ Throughout 2015/16 improve the independence, wellbeing and health of people with learning disabilities by continuing to roll out care and treatment reviews to manage discharges and prevent inappropriate admissions, ensuring annual health checks to support physical health, and extending the offer of personal budgets.
- ✓ By March 2016 all young people with a learning disability leaving residential school, leave with an Education, Health and Care Plan to support their transition to adult services.
- ✓ During 2015/16 work with partners to develop a national framework to close inappropriate facilities and commission more appropriate local and community-based alternatives.
- ✓ Building on preliminary work in 2014/15, establish a national learning disability mortality review function in 2015/16, to inform how we shape future services.
- ✓ Throughout 2015/16 use reliable real-time data to track progress and inform learning disability work.

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Tackling obesity and preventing diabetes

The prevalence of obesity and Type 2 diabetes is growing, with over 60% of the adult population in England either overweight or obese and 2.7 million people diagnosed with diabetes, a number set to balloon over the coming decade. However, 80% of all cases of Type 2 diabetes are preventable.

Both patients and the NHS bear the brunt of this disease, with an estimated £5 billion spent dealing with the consequence of obesity and £10 billion treating diabetes. This is why we are making prevention a priority for the NHS and are supporting patients, including NHS staff, to change their lifestyle behaviour with regard to smoking, alcohol intake, nutrition and physical activity.

As a first step, in partnership with Public Health England and Diabetes UK, we are targeting people who are at high risk of developing diabetes. Once we have identified individuals at risk, including through the NHS Health Checks, they will be referred onto a new national evidence-based lifestyle management programme. This will give them direct access to weight loss support, help with their diet and encouragement to be more physically active. This will be of particular benefit to those at higher risk of developing diabetes, including people of South Asian descent, those over 40 and those with a high body mass index.

Public Health England, Diabetes UK and NHS England will work together with a number of local demonstrator sites (and through them with their local communities) and launch a national procurement. We will work with colleagues in primary care, other

healthcare professionals and with community organisations to identify people who are at high risk. Our aim is that up to the first 10,000 people will be enrolled in the diabetes prevention programme this year, with further national roll-out from 2016/17.

Lead National Director:
Bruce Keogh, Medical Director

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OUR 2015/16 COMMITMENTS

COMMITMENTS FOR TACKLING OBESITY AND PREVENTING DIABETES:

- ✓ Throughout 2015/16 continue to support the commissioning of behavioural change interventions in the NHS for patients and staff, in line with NICE guidance, with respect to smoking, alcohol, obesity and physical activity.
- ✓ During 2015/16 have the new NHS Diabetes Prevention Programme up and running and available to 10,000 at risk individuals
- ✓ By March 2016 develop a comprehensive plan for the roll-out of the diabetes prevention programme in 2016/17. Working in partnership with Public Health England and Diabetes UK.
- ✓ During 2015/16 work with NHS and other employers to promote healthier workplaces and support staff health and wellbeing.

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Redesigning urgent and emergency care services

There are significant pressures across health, social and community care. The effects of this are evident in A&E, demonstrated by NHS hospitals' performance on the NHS Constitution standards for emergency care. There is consensus that the urgent & emergency care system as it stands can be redesigned. Our vision for that change comes in two parts.

Firstly, for those people with urgent but non-life threatening needs, we must provide responsive, effective and personalised services outside of hospital, and as close to people's homes as possible. Secondly, for those people with more serious or life threatening emergency needs, we must ensure they are treated in centres with the very best expertise and facilities, to maximise their chances of survival and recovery.

Whilst the Urgent and Emergency Care Review's vision has set in place a long-term plan for transformational change in the urgent and emergency care system, it is clear that we cannot go into next winter without significant change. This is why we will accelerate the delivery of a number of processes that form a key part of this vision.

Throughout 2015/16 we will support the development of Urgent and Emergency Care Networks to support the implementation of new care models and increase system-wide integration.

We will accelerate into practice key interventions developed by the review including:

- 'Safer, Faster, Better: Good Practice in Delivering Urgent and Emergency Care'. This will provide a practical summary of the design principles of urgent and emergency care systems for local health communities.
- 'Clinical Models for Ambulance Services', to help ambulance services deliver enhanced rates of 'hear and treat' and 'see and treat', avoiding unnecessary admissions and ensuring that patients are treated closer to home.
- 'Improving Referral Pathways', to improve the flow of patients and information within the urgent and emergency care system by supporting an enhanced and consistent approach to the referral of patients between healthcare professionals and providers.
- Principles for effective and timely provision of specialist advice in the urgent and emergency care system.

Critical to success will also be promoting an enhanced and integrated out of hospital service tying together NHS111, both 'out of hours' and 'in hours' general practice, community services, improved rehabilitation services and independent and voluntary sectors, linking seamlessly with social care provision to tackle unnecessary admission and delayed discharges. We will review the NHS111 clinical model and Commissioning Standards and their integration with Out of Hours Services.

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We continue to work closely with Health Education England on developing the workforce, and Monitor on redesigning payment systems. We expect a number of local health economies to progress with the new payment system later this year, with all areas ready to use it in shadow form from 2016. We will test new systems or ways of working with a wide-ranging delivery group, including representatives from health and local government.

Lead National Director:
Bruce Keogh, Medical Director

OUR 2015/16 COMMITMENTS

COMMITMENTS FOR REDESIGNING URGENT AND EMERGENCY CARE SERVICES:

- ✓ Throughout 2015/16 test the pilot version of a new payment model for urgent and emergency care, in preparation for a new long term payment regime in 2016/17, in conjunction with Monitor.
- ✓ During 2015/16 support the development of Urgent & Emergency Care Networks as system leaders, including publishing standards for Urgent & Emergency Care Networks.
- ✓ By March 2016 complete information sharing across 111, 999 and hospital acute admission areas to at least a minimum of Summary Care Record, including end of life and advanced care plans.
- ✓ By September 2015 revise the NHS111 Commissioning Standards.
- ✓ By March 2016 develop an enhanced Directory of Services to show real-time demand and patient flows to providers and commissioners.
- ✓ Throughout 2015/16 work with Health Education England to deliver their commitments on multi-professional workforce interventions to support urgent and emergency care.

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Strengthening primary care services

Primary and community services are the bedrock of people's daily experience of health care. With over five million consultations a week in general practice alone, these services are the front door of the NHS. Many primary care services are excellent but they are under pressure, and are sometimes poorly integrated with other services.

We will promote services which keep people well, but, when they need support and care, deliver as much as possible in their homes, local surgeries and communities. In the Five Year Forward View we set out some of the actions we will take with partners to help alleviate pressures, including stabilising and reviewing core GP funding and giving Clinical Commissioning Groups (CCGs) more influence over the way NHS primary care services are planned and funded. Throughout 2015/16 we will also support GPs, community pharmacy, dentistry and those delivering aspects of eye healthcare, to evolve new care models to support better outcomes for patients.

Whilst we aim to deliver improvements comprehensively to the whole population, we are mindful that patients' experiences vary according to a range of factors, including socio-economic deprivation, ethnicity, race and age. So we will be targeting our efforts to secure greatest improvements for those currently reporting worse experiences, and areas of greatest need, for example through the Prime Minister's Challenge Fund and the proposed review of the funding formula for general practice.

Our aim is that by the end of 2015/16, general practice will be of higher quality and with less variation and reduced inequalities. The public will have better access to services including more proactive and better co-ordinated community management for long term conditions and urgent care across NHS111 and GP out of hours. To achieve this, we will invest in growth in the GP workforce, upgrade primary care premises and infrastructure, instigate a step change in the use of technology within primary care and learn from the experiences of our new care model vanguards. We will also encourage more frequent use of pharmacy, both by the NHS and the public, as well as other public or voluntary services that can support primary care.

By achieving these things, we will lay the groundwork for transformation by:

- Building the capacity and capability within primary care to support the prevention agenda and provide proactive care for people with long term conditions, especially those with complex care needs.
- Demonstrating different ways of organising and delivering care, particularly when harnessed to investment in technology innovations. This will support the wider new care models work.
- Exemplifying how investment in well-co-ordinated community services can reduce pressures on the acute system by delivering care to anticipate problems and urgent care, especially in the elderly, to deliver better outcomes and value for money.

Cancer treatment

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We will work closely with our partners, the public, patients and carers to help us take forward this transformation, including improving measures for quality in general practice. Effective collaboration with CCGs on the co-commissioning of primary care services, Health Education England on workforce planning, CQC on improving quality in primary care and relevant professional bodies to support wider engagement, will be essential to help us achieve our goals.

Lead National Director:

Barbara Hakin, Commissioning Operations

OUR 2015/16 COMMITMENTS FOR STRENGTHENING PRIMARY CARE SERVICES:

- ✓ By March 2016 improved access to general practice, through delivery of the Prime Minister's Challenge Fund wave two pilots and investing in primary care staffing and infrastructure with insight generated from the evaluation of wave one.
- ✓ By March 2016 investment in GP estates, IT and delivery of the 10 point GP workforce action plan to support better quality and a wider range of services, particularly in areas of greatest need.
- ✓ By March 2016 negotiation and agreement of the national contracts for primary care.
- ✓ Plan for community urgent care, ready for winter 2015/16.

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Timely access to high quality elective care

The NHS Constitution promises patients a limit on any wait for hospital tests, outpatient care or planned operations. Timely referrals for treatment save lives and improve the chances of better outcomes for patients.

In recent years we have seen a substantial increase in the number of operations and that is putting significant pressure on the NHS. We also know there are significant, inappropriate differences in the surgical treatments offered and also the outcomes for patients.

The NHS remains committed to ensuring access to all routine elective care, diagnostics and cancer services is in place to deliver NHS Constitution standards. This is about more than timely care; it is also about access to high quality services with patients offered choice about where they are treated and what that treatment should be.

Studies show that when patients are given full information about the pros and cons of their treatment they often choose the least invasive therapy, or self-management with support. The Efficient and Effective Care Programme is helping us reduce variation in surgical intervention rates and so improve outcomes for patients in elective care.

We recognise there are links with the work developing new models of care. Localities will need to choose the model that best suits the needs of their population. We will also ensure links are made to the work on improving maternity services.

We are continuing to work with our partners, Monitor and the NHS Trust Development Authority to ensure there is a common approach to achieving all Referral to Treatment standards both nationally and locally. CCGs and trusts must continue to plan well to meet the growing demand for elective services. We will continue to check that CCGs are contracting for enough operations and treatments so elective standards are met.

Although this work will provide better elective care for everyone, we must target particular groups of patients who are particularly poorly served. This includes older people, as a higher proportion of surgery is undertaken in older people, and people with mental health problems or learning disabilities. There will be a focus on improving the process of informed consent, prior to pre-operative assessment.

Lead National Director:

Barbara Hakin, Commissioning Operations

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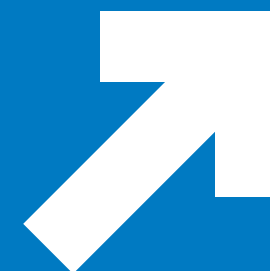
Whole system change / financial sustainability

Foundations for improvement

OUR 2015/16 COMMITMENTS

FOR TIMELY ACCESS TO HIGH QUALITY ELECTIVE CARE:

- ✓ Throughout 2015/16 working with Monitor, TDA and CCGs to secure achievement of the NHS Constitution Referral to Treatment standards for elective care, diagnostics and cancer services, nationally and locally.
- ✓ Throughout 2015/16 sharing products from the Efficient & Effective Care Programme with the NHS and overseen by our partnership arrangements with Monitor and NHS TDA, including:
 - Increased use of shared decision making
 - Routine personalised risk assessment in primary care
 - Spread and take up of enhanced recovery principles
 - Increased productivity (day case rates, Lean methodology, productive operating theatre).
- ✓ Throughout 2015/16 working with TDA and Monitor to deploy the Elective Intensive Support Team to help CCGs and providers access expert help when they need it, to reduce variation and improve waiting list management.



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STUDY...**

**'Improving
maternity services'**

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Ensuring high quality and affordable specialised care

NHS England is responsible for commissioning £14 billion of specialised services to meet a wide range of health and care needs. These include a range of services from renal dialysis and secure inpatient mental health services, through to treatments for rare cancers and life threatening genetic disorders.

Many of the services operate at the cutting edge of science and innovation with new treatments and procedures being developed and introduced all the time. These offer real benefits for patients but put significant pressure on NHS resources.

Whilst many specialised service providers offer fantastic care that is the envy of the world, specialised services in some parts of the country sometimes fall short of what patients have a right to expect. Examples include some cancer outcomes, some vascular and access to appropriate mental health services for children. And where commissioning responsibility moves between Clinical Commissioning Groups and NHS England, care can become fragmented with patients feeling they have 'fallen in the gap'.

To combat all of these issues and commission the highest value services, we will focus on four themes:

- Shifting commissioning effort from managing contracts to managing services and outcomes for patients, with better and more transparent information, including patient insight.

- Collaborating with CCGs to commission the full range of services to meet the diverse needs of a population, addressing inequality in access to services and investment in the right places to reduce demand.
- Addressing unwarranted variation in quality and efficiency through making the case for targeted consolidation of some carefully selected services, promoting centres of excellence and implementing new models of provision such as *prime contractor and population accountability*.
- Strengthening our capability to make fair and timely decisions about what will be commissioned and for whom whilst engaging with NICE and others to find better ways to both introduce cost effective new treatments within available budgets and stop the commissioning of less effective treatments.

These changes need sustained effort over a number of years to achieve the results required and to be underpinned by effective communications, engagement with partners and a stronger voice for patients. These positive changes will also help achieve other significant NHS England national objectives around cancer, mental health and learning disabilities.

*Lead National Director:
Barbara Hakin, Commissioning Operations*

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OUR 2015/16 COMMITMENTS

FOR ENSURING HIGH QUALITY AND AFFORDABLE SPECIALISED CARE:

- ✓ Put into practice a new framework for making investment decisions on specialised services.
- ✓ Establish a rolling programme of priority service reviews to drive quality and value including new models of provision.
- ✓ By March 2016 through collaborative commissioning with CCGs, consider the specialised services needs of local populations and how to best incentivise local providers to deliver them.
- ✓ By March 2016 complete the creation of a national business intelligence capacity in order to provide timely, accurate data collection, analysis and information reporting.

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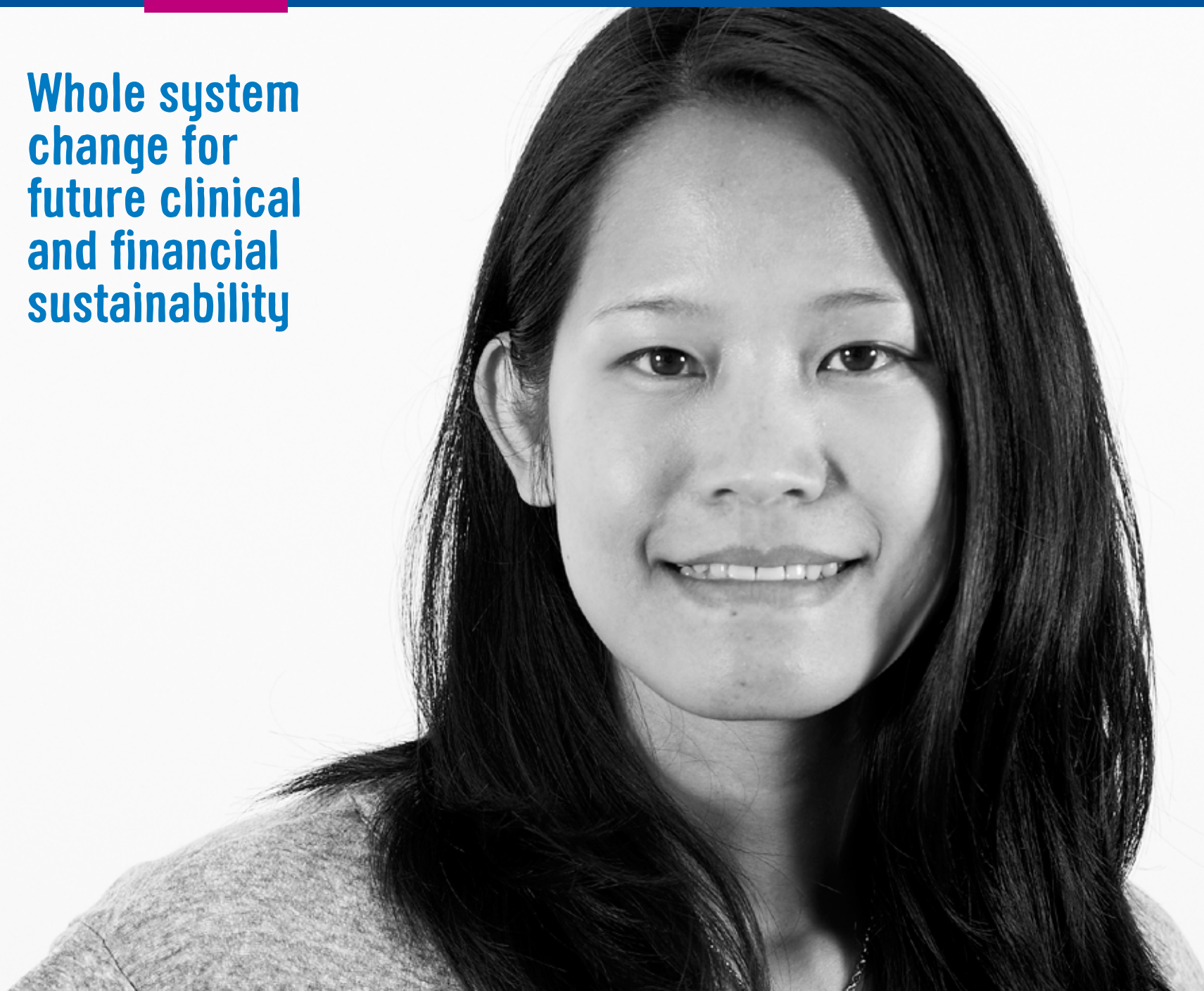
Elective
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**Whole system
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Whole system change for future clinical and financial sustainability



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Enabling whole system change

The Five Year Forward View set out our vision of how the health service needs to change. Our threefold mission is to improve the health and wellbeing of local populations, to improve the quality of care for all patients, and to drive better value for money for the taxpayer.

If we are going to achieve this, it means getting much more serious about prevention of ill health, empowering patients, and engaging communities more effectively. With local systems, we can help design new ways of providing care, making better use of technology and the skills of our workforce.

The Five Year Forward View is a shared strategy, developed by six national NHS leadership bodies. Most of the commitments can only be delivered by the six working jointly as well as with our non-statutory partners.

Through the flagship New Care Models programme and vanguard sites, we will focus first on out of hospital care and population health: helping keep people well, and bringing together home care, mental health and community nursing, GP services and hospitals for the first time since 1948. The vanguards are about designing and demonstrating the NHS of the future.

We will provide practical support to the first wave of 29 vanguard sites and systems to help solve the practical problems they are facing. Our aim in working with the vanguards isn't just to improve care in these specific areas: it's to develop and test common solutions that can then be easily used by other systems in 2015/16 and beyond.

A major national support programme will be developed jointly with the vanguards. It will involve rethinking workforce roles and skillmix, using technology to transform service delivery, patient empowerment and community engagement, new integrated commissioning and contractual models, capitated payment, organizational forms and regulatory reform. Methods will include peer learning and evaluation. We will also back and encourage the "unofficial vanguard" to proceed with pace, including harnessing the high level of interest across the country in developing new models of primary care at scale, through multi-specialty community providers.

During 2015/16 we plan to expand the New Care Models programme to cover additional care models. We will also continue to support and learn from the 25 integration pioneers and the implementation of the Better Care Fund.

The Five Year Forward View also sets out our intention to explore health and care "new towns". These would create health and care services from scratch in areas where population and demand is expected to grow rapidly in the coming years.

Unlocking service transformation means developing new approaches to commissioning services. Under the leadership of NHS England's new Commissioning Committee we will develop a strategy and plans for improving all aspects of the commissioning system, designed to support the Five Year Forward View.

We will back local clinical leadership of Clinical Commissioning Groups and progress 'place-based commissioning' through

Cancer treatment

extending the influence and control of CCGs of both primary and specialist services, and improving joint commissioning with local government.

Mental health and dementia services

We will continue to work with Greater Manchester to develop their ambitious plans to improve health and social care across Greater Manchester involving NHS England, 12 NHS CCGs, 15 NHS providers and 10 local authorities.

Learning disabilities

We will make good on the NHS' longstanding commitment in the NHS Constitution to offer patients choice and control, including to reduce waiting times for elective care. We will expand personal budgets, through Integrated Personalised Commissioning (IPC) demonstrator sites and progress choice in mental health, maternity and end of life care.

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Finally we will ensure that the future NHS is 'of the people, by the people, for the people' as care is more likely to meet the different needs and circumstances of patients when NHS leadership is drawn from diverse communities across the country. Our work supporting all NHS organisations to demonstrate progress against the Workforce Race Equality Standard is a significant first step in making this change happen.

Lead National Director:
Ian Dodge, Commissioning Strategy

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OUR 2015/16 COMMITMENTS FOR ENABLING WHOLE SYSTEM CHANGE:

- ✓ By July 2015 develop and publish the support programme for vanguards.
- ✓ By July 2015 trusts and other organisations publish Workforce Race Equality Standard data and by January 2016 the Workforce Race Equality Standard dashboard of good practice fully operational.
- ✓ By December 2015 we will have reviewed the uptake and impact of patient choice in physical and mental health. In addition, as part of the maternity services review, we will have set out how we will help empower women to have more choice and control in maternity services, and made it easier for groups of midwives to offer their services to the NHS.
- ✓ By March 2016 we will have developed new approaches to health and wellbeing in designated 'new towns'.
- ✓ During 2015/16 the first wave of vanguards aspiring to deliver the new care models will be up and running.
- ✓ By March 2016 Integrated Personalised Commissioning Demonstrator Sites will be offering new personal budgets and have a linked dataset including health and social care spend at individual level.
- ✓ During 2015/16 CCGs supported to deliver against Better Care Fund plans through joint working and deployment of shared funds with local authorities and Health and Wellbeing Board partners, achieving a step change in integration.

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Delivering value and financial sustainability through a step change in efficiency

The Five Year Forward View set out how, in the absence of further annual efficiencies in the NHS, a combination of growing demand from an aging population, increases in the costs of running the NHS and constrained funding growth would produce a significant mismatch between resources available and what patients need.

We are providing leadership to the NHS, in partnership with the Department of Health and other national NHS bodies, so that individual organisations can realise their own internal efficiency gains, whilst supporting optimisation of the whole system and reducing the demand placed on the NHS as a whole. In doing this we must ensure delivery of the efficiencies needed for future sustainability.

There are three main strands to this work:

Firstly, we will continue to develop the economic and financial strategy that supports the Five Year Forward View, including a medium term financial strategy for the health and care system. Our work programme will focus on refining our estimates of both future cost pressures and resources and projecting the potential impact of various system interventions.

Secondly, we are progressing a number of routes to maximise efficiency across the system:

Operational Improvement - working with the Department of Health, Monitor, the NHS Trust Development Authority and other national NHS bodies, we are bringing transparency, quantifying opportunities, strengthening cost control and implementing system-wide initiatives to facilitate delivery of the maximum possible operational efficiency.

Whole System Transformation - we are developing business models and economic impact assessments to support development of new care models and major service change proposals. This will facilitate the implementation of the Five Year Forward View and provide financial modelling and analysis to support the forthcoming spending review, helping realise the expected economic benefits and improvements in outcomes.

Demand Management - we are supporting demand management where the pressure on the frontline is the greatest through initiatives such as Right Care.

Finally, we are taking a number of other steps to underpin transformation. These include strategic development of payment systems and alternative tariff structures with Monitor, and best use of resources by developing place-based allocation approaches, methodologies for evaluating inequality and unmet need, and adjusting for rurality/sparsity, in order to better serve diverse local populations. We are also looking to optimise value through the development of evidence-based decision-making methodologies in the context of the Future Focused Finance Transformation Programme and developing the interventions needed to prevent and resolve financial failure in challenged commissioning organisations and local health economies.

Lead National Director:

Paul Baumann, Chief Financial Officer

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OUR 2015/16 COMMITMENTS

FOR DELIVERING VALUE AND FINANCIAL SUSTAINABILITY THROUGH A STEP CHANGE IN EFFICIENCY:

- ✓ Throughout 2015/16 progress routes of operational improvement, whole system transformation and demand management to maximise efficiency.
- ✓ During 2015/16 develop the overall economic and financial strategy to support the Five Year Forward View.
- ✓ By March 2016 enable financial transformation through strategic development of NHS payment systems and tariff structures with Monitor, including interventions to prevent and resolve financial failure.

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Foundations for improvement

In order to improve care and transform services as outlined in the Five Year Forward View we will continue to build the foundations of the future health and care system. These foundations are broad and far reaching and span the following major programmes of work.



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Harnessing the information revolution

Most countries' health care systems have been slow to recognise and capitalise on the opportunities presented by the information revolution. For example, in Britain 86% of adults use the internet but only 2% report using it to contact their GP.

Better use of data and technology has the power to improve accountability, choice and outcomes for all patients, activate citizens to take more control, reduce the administrative burden on frontline staff and support the NHS as an engine of science and economic growth. The development of a modern digital knowledge economy in health and care is a pre-condition of high quality, sustainable services.

Today, around 9.5 million people in the UK lack basic digital numeracy skills and 6.5 million have never been online in their lives. People experiencing digital exclusion tend to be older, poorer, and more likely to be disabled than the rest of the population. Our Widening Digital Participation programme is focused on reaching these groups and giving them access to the information they need.

More broadly, a National Information Board (NIB) has been established which brings together organisations from across the NHS, public health, clinical science, social care, local government and public representatives. The NIB will publish in early 2015/16 a set of 'road maps' laying out who, across all health and care organisations, will do what to transform digital care in line with the Five Year Forward View.

The use of technology and information in the development of Five Year Forward View vanguards will underpin and enable the creation and prototype of new care models. In particular, they will help provide a richer standardisation of data to provide real time monitoring and evaluation across care settings and services. This will help us understand the impact we are having on reducing inequalities in access to services and unwarranted variation in outcomes.

Using the infrastructure provided by the NIB we are aiming, by the end of 2015/16, to achieve some significant steps towards transforming the use of information in the NHS. This includes delivering mandate ambitions such as the integration between NHS 111 and NHS Choices, better patient access to online booking and records services, and greater transparency regarding service quality such as markers on the quality of cardiac, stroke and cancer services on the MyNHS website tool. It will also provide a solid foundation for major initiatives such as care data, which has the potential to revolutionise how we share information to target investment in specific areas of need. We will ensure all developments to enable better sharing and use of information are supported by effective data security regimes.

In addition, we will provide system support by establishing frameworks for measuring *digital maturity* across health and social care. These will establish how equipped organisations are in terms of digital capability and give guidance to commissioners on how to plan for fully interoperable, real-time, digital care

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records by 2020. We will be working closely with CCGs on this agenda, particularly to influence change at a provider level, delivering local pilots and engaging with primary and social care on the integration needed.

Lead National Director:
Tim Kelsey, Patients & Information

OUR 2015/16 COMMITMENTS FOR HARNESSING THE INFORMATION REVOLUTION:

- ✓ From September 2015 we will publish team or unit level measures for at least 3 clinical areas on MyNHS, driving up greater transparency of quality of services.
- ✓ By March 2016 an additional 150,000 citizens will be trained in digital skills thereby widening digital participation and enabling more people to take more control of their health and care.
- ✓ By March 2016 the NHS 111 digital service will be integrated into the NHS Choices website, helping citizens take more control of their health and care.
- ✓ By April 2016 95% of GPs will be offering their patients access to their detailed health record.

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Supporting patient & public participation

Even people with long term conditions, who tend to be heavy users of the health service, are likely to spend less than 1% of their time in contact with health professionals. The rest of the time they, their carers and their families manage on their own. As the patients' organisation National Voices states: personalised care will only happen when statutory services recognise that patients' own life goals are what counts; that services need to support families, carers and diverse communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'.

As a first step towards empowering people, we will improve the information to which people have access - not only clinical advice, but also information about their condition and history. Second, we will support people to manage their own health and stay healthy. Through the 'Realising the Value' programme we will work with voluntary sector partners to support commissioning of evidence based approaches such as self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge. A third step is to increase the direct control patients have over the care that is provided. Personalised care and support planning, including at the end of life, is an important part of this. We will also continue to support CCGs to develop their capacity and capability to deliver Personal Health Budgets (PHBs) and develop their local offer to introduce them beyond NHS Continuing Healthcare.

More broadly, we need to engage with our diverse communities and citizens in new ways, involving them directly in decisions about the future of health and care services.

The NHS Citizen programme is putting citizens at the centre of the design process of NHS services and for new care models. NHS Citizen is currently developing the technical prototype which will enable citizens and staff to get involved in the improvement of NHS services and support. We will continue to embed the Friends and Family Test and encourage commissioners and providers to use a range of insight techniques through our Insight Strategy development in order to understand how well they are serving patients and where they need to improve.

We will work with commissioners and GP practices to develop plans to identify and support carers, particularly young carers and older carers. Finally, we will identify ways to celebrate, support and develop volunteering as the bedrock of community action.

Lead National Director:
Tim Kelsey, Patients & Information

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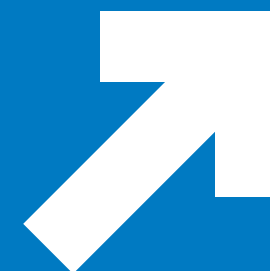
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OUR 2015/16 COMMITMENTS FOR SUPPORTING PATIENT AND PUBLIC PARTICIPATION:

- ✓ By October 2015 all CCGs supported to develop their local Personal Health Budgets (PHBs) offer to patients beyond NHS Continuing Healthcare.
- ✓ By March 2016 NHS Citizen model infrastructure and support nationally developed; and piloted locally across 7 sites.



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STUDY...**

**'Increasing patient
and public voice
in healthcare'**

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Developing leading edge science and innovation

The NHS has an excellent track record of invention to solve healthcare problems, but needs to achieve a step change in how it systematically disseminates and adopts new medicines, technologies and processes. The Five Year Forward View highlights the need to harness the opportunities offered by science, technology and innovative approaches to service delivery, to improve patient outcomes and efficiency. We aim to accelerate innovation in the NHS, speeding up the adoption of cost effective and affordable new treatments and diagnostics and combining different technologies and new ways of working, in order to transform the delivery of care as well as strengthen our position as a global leader in a growing part of the world economy.

The Department of Health's *Growth Priorities for Health and Social Care and the Accelerated Access Review* will also help identify the areas in which action should be focused for greatest impact over the coming years.

We will take practical steps to support innovation and accelerate its adoption, including supporting National Innovation Accelerator sites around the country to test different combinations of innovations in practice, and reviewing and disseminating learning for rapid, wider adoption. Through analysis of variation we will support and promote improved take up of proven innovations.

The 100,000 Genomes Project (led jointly by NHS England and Genomics England Ltd), a three-year project announced by the Prime Minister last year, is a catalyst for the transformational

change described above. It will lead to improved prediction and prevention of disease, more precise diagnosis and more personalised treatments and care, ultimately leading to improved outcomes for patients. Building on the first wave of NHS Genomic Medicine Centres announced in December 2014, a second wave of centres will be designated during 2015/16, to ensure that there is comprehensive coverage across the NHS in England.

We are committed to representing the needs of the whole commissioning system to better inform the development of research and, through our work with NHS clinical commissioners, we will give CCGs a route for influencing NHS England's research agenda. We continue to support the Small Business Research Initiative, a well-established scheme to connect public sector challenges with innovative ideas from industry, supporting companies to generate economic growth and enabling improvement in achieving the Government's objectives.

In order to deliver these ambitions, we will develop and sustain good relationships with a range of stakeholders, including our industry partners and through the NHS supporting world-leading research.

Lead National Director:
Ian Dodge, Commissioning Strategy

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OUR 2015/16 COMMITMENTS

FOR DEVELOPING LEADING EDGE SCIENCE AND INNOVATION:

- ✓ By November 2015 initial set of test beds and National Innovation Accelerator sites in operation.
- ✓ By December 2015 a second wave of NHS Genomic Medicine Centres will have been designated, and by March 2016 a total of £10m in capital funding will have been awarded to the first and second waves.
- ✓ By March 2016 all new projects funded through the Small Business Research Initiative will be in place.

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Developing the capability and infrastructure for transformational change

We will further develop and work through system-wide partnerships so we can continue to have a shared and integrated strategy for the future of the NHS. We will further support devolution to regional and local organisations and systems, and ensure there is effective regional oversight of performance and delivery to galvanise true local autonomy and accountability.

We plan to focus and align the national “improvement capability” so it supports the Five Year Forward View and local health systems can access and use that capability more effectively to deliver local improvements and system change. We currently have a complex landscape, with many involved in improvement, but no overarching strategy or system for ensuring it delivers consistently and effectively. The current review of the NHS leadership and improvement bodies will recommend how best to reshape and refocus improvement capability to best support and enable cross-system change and transformation.

We will work with partners across the health and care landscape, including those organisations with a lead role in improvement, such as Clinical Networks, Senates and Academic Health-Science Networks and NHS Improving Quality, to make these changes. We will also work with partners to ensure there is the right support in place for new care models, including workforce, property and procurement.

NHS England has a major role in delivering the future vision for the NHS - covering leadership, strategy and policy, analysis and change delivery as well as commissioning excellence. We

can only do this if we continue to build and improve our own organisational capability, work more efficiently and effectively, through improving our skills and ways of working. We will complete our organisational development so we can continue to play our part in providing national leadership for the Five Year Forward View coalition, while helping local leadership accelerate change.

Lead National Director:

Karen Wheeler, Transformation & Corporate Operations

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OUR 2015/16 COMMITMENTS FOR DEVELOPING THE CAPABILITY AND INFRASTRUCTURE FOR TRANSFORMATIONAL CHANGE:

- ✓ By December 2015 implementation of the Review of Improvement and Leadership Capability, to ensure capability is aligned to support the Five Year Forward View.
- ✓ By March 2016 completion of the internal and external aspects of NHS England's organisational development alignment and capability review resulting in improved agility, efficiency and effectiveness in supporting the wider system.

Directorate priorities and core delivery

Whilst the corporate priorities described in this business plan set out what we will focus on over the next year, they don't represent everything we will do. The whole organisation continues to deliver our mandate and statutory responsibilities, and each Directorate has identified a number of areas for their particular focus in 2015/16, which are additional to their support for the corporate priorities.

The regional teams in the **Commissioning Operations Directorate** will continue to be a principal route for the local delivery of all of the organisation's priorities and statutory duties. The national Commissioning Operations team will continue to focus on assuring the commissioning system is capable and achieving reduced inequalities and better outcomes for patients, supporting CCGs (including oversight of Commissioning Support Units) and intervening where needed when they encounter difficulties.

Through our direct commissioning responsibilities, in addition to primary care and specialised services, we will be commissioning high quality services for the armed forces, their families and veterans, health services to the justice system and public health services, as outlined in our agreement with the Department of Health, to ensure best value for money for the tax payer.

We will continue to focus on Emergency Preparedness, Resilience and Response (EPRR) and ensuring the NHS has appropriate arrangements in place for the treatment of suspected and confirmed Ebola-infected patients.

Some of our core delivery activities include:

- *Regulation of market entry for community pharmacy:*
The 4 regional teams undertake a local pharmacy needs assessment every 3 years which are agreed with health and wellbeing boards and NHS England commissioners then regulate appropriate market entry for community pharmacy providers.
- *National primary care contract negotiations:*
NHS England undertakes complex GP, dental, pharmacy & optometry contract negotiations on an annual basis ensuring agreement of contracts is complete by 31 March and contracts are fully implemented the following year.
- *Performers list management:*
NHS England ensures ongoing management of the national performers lists (covering doctors, dentists and pharmacists) which ensure that practitioners are eligible to perform their function in their particular area. This contributes to assuring the quality of services provided.
- *Fraud prevention and management:*
Ongoing work with NHS Protect & NHS Business Services Authority to prevent dental and optical contractor fraud and patient prescription fraud. The aim of the work is to reduce fraud in these areas and enable systematic process improvement.

Our **Medical** and **Nursing directorates** will be working to improve health outcomes and reduce inequalities through delivery of mandate commitments. This includes work to enhance the quality of life for people with long term conditions and their carers (such as the development of

Directorate priorities and core delivery *continued*

the combined carers healthcheck and healthy aging guidance to support self-management), improving services for people with complex needs, vulnerable groups and older people living with frailty, including at the end of life, and developing a consistent approach for those patients in receipt of Continuing Healthcare. There will also be a focus on reducing premature mortality due to sepsis and acute kidney disease.

We will continue to prioritise the safeguarding of vulnerable children and adults, including the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. In addition, we will contribute our part to the system response to the Savile Inquiry and the Francis review of whistleblowing. We will also implement recommendations arising from the review of care at Morecambe Bay Hospitals, by ensuring that commissioners take appropriate action alongside the system as a whole, such as reviewing codes of practice for health professionals and implementing our part of the Parliamentary & Health Service Ombudsman vision for complaints.

We will continue to work on transforming care within maternity and children's services (linked to our work on Whole System Change) including the Maternity Review announced in the Five Year Forward View and supporting the system on further developing jointly commissioned services for children with special educational needs.

We will continue to take action ourselves and also support the system to improve patient safety, including Patient Safety Collaboratives and the Patient Safety Investigation Branch, pending final decisions by the Department of Health on the appropriate organisation to lead this work nationally.

Our other directorates will continue to assist our corporate delivery across a range of areas including:

Finance Directorate will be focussing on strengthening the effectiveness and efficiency of core financial, procurement, internal control and operational information processes.

Patients & Information Directorate will continue to support our communications and engagement requirements particularly for the transformational change programmes we are delivering as part of our corporate priorities.

Commissioning Strategy Directorate will continue to lead NHS England's work on improving equality and tackling inequalities, including through the work of the Equality & Diversity Council. With Public Health England we host the national Sustainable Development Unit. A particular focus for 2015/16 is how we strengthen our external relationships, including joint working between NHS England and CCGs in particular. Overall, we will be strengthening our strategy and analytical capabilities and expertise which will contribute to building the effectiveness of NHS England as a whole. The directorate also leads on progressing the new Congenital Heart Disease Review.

Transformation and Corporate Operations is prioritising the procurement and transformation of Primary Care Support Services and also enhancing the customer contact experience for patients and the public and linking this to the mainstream activities of the organisation. We are also continuing to improve all aspects of information governance and cyber security.

Our core purpose and the mandate

This section summarises how both our core delivery work and priorities will jointly deliver each of the nine mandate themes. It is underpinned by a further level of detail which is shared with the Department of Health.

1. The requirement to take action to **prevent people from dying prematurely** is embedded in everything we do. But some programmes are of particular relevance, for example our work on transforming the quality of care and access to cancer treatment will improve early diagnosis and outcomes. Our diabetes work aims to drive behaviour change in patients and staff to help prevent the onset of diabetes. Transforming both urgent & emergency care and primary care will improve access and help patients to get the right treatment, and our work on specialised care will lead to the commissioning of new models of care for patients, such as those with congenital heart abnormalities.
2. We have specific programmes of work which will **enhance quality of life for people with long term conditions**. Key to improving services for people with long term conditions will be greater integration between health and social care (through application of the Better Care Fund), and transforming the commissioning and delivery of primary care. In addition, specific work will focus on clinical areas, such as diabetes and dementia programmes, and patient groups, such as the publication of a national strategy for transforming care of older people. Our long term conditions work also includes programmes supporting patient & public participation, using new technology. Work such as rolling-out Integrated Personalised Commissioning and self-management guidance for healthy aging in our older population, will support people to live healthily and independently with better control over the care they receive.
3. We will support the commitment to help people recover from episodes of ill health or following injury through our work on the Urgent and Emergency Care Review and by shining a light on variation for the public through the publication of outcomes data, supporting improved learning from it and improving equity of access, experience and outcomes. Our work on specific clinical areas includes our programme to bring about parity of esteem between mental and physical health, including through delivering the Improving Access to Psychological Therapies programme, and raising coverage for children & young people.

Our core purpose and the mandate *continued*

4. Progress has been made on ensuring people have a **positive experience of care**. We will continue to take forward the work to improve experience, safety and care, extending the roll-out of the Friends & Family Test to help the NHS learn from patient feedback. We aim to transform care for people with a learning disability and behaviour that challenges. This means ensuring quality care is provided in a safe environment with a reduction in the number of people who remain as inpatients. In addition, our clinical directorates are supporting the development of new care models in maternity services whilst continuing to ensure every woman has a named midwife who is responsible for their care. We also continue to play our role in promoting the NHS Constitution and upholding NHS Constitution commitments and waiting time standards for urgent and elective care.
5. The requirement that all patients are **treated and cared for in a safe environment and protected from avoidable harm** is fundamental. We will continue the national work already underway, and led by our clinical directorates, to embed a culture of patient safety in the NHS, including developing a standard process for retrospective case record reviews of hospital deaths, continuing to support Patient Safety Collaboratives and the Patient Safety Investigation Branch. In addition, we will be playing our part in supporting the system response to Sir Robert Francis' report *Freedom to Speak Up* on whistleblowing, so all concerns are heard and investigated properly, and lessons learnt.
6. Supporting the NHS to **innovate** is a crucial element of our ten priorities, and essential for the transformation work we need to deliver. We will encourage whole system change through supporting localities to develop new care models that deliver better and more sustainable services. We will also extend the use of patient choice as a lever for improvement. And we will harness the benefits that science and innovation, such as genomics, can make to diagnosis and treatment.
7. We will continue to support the **broader role the NHS plays in society**, for example on economic growth, by promoting research and life sciences. We will collaborate with partners within and beyond the health and care system to help individuals and families stay healthy and safe, helping to address worklessness, such as through our work to improve mental health services and our focus on integrated care.

Our core purpose and the mandate *continued*

8. Good **financial management**, including planning for the long term, is at the heart of the Five Year Forward View and core to our priorities this year. Our work on delivering new care models which are fit for the future aims to support transformational change that will deliver long term sustainability. In the short term, we will also review funding allocations and improve performance on specialised services.
9. We will continue to **assess progress and provide stability**, reporting on the performance of the NHS and NHS England in delivering statutory duties and progress made against the NHS Outcomes Framework.

Underpinning these areas of focus is our will to secure continuous improvement and reduced inequality in access to services, the quality of services and the outcomes achieved. We will use the new inequality “breakdowns” that will be published for the 2015/16 NHS Outcomes Framework to ensure we address the highest priority areas across all of our functions. Our work on mental health, care for people with learning disabilities and care for older people, for example, are aimed at improving certain types of services and supporting particular groups of patients to reduce inequalities. Other programmes include elements targeting specific inequalities, such as our action plan on tackling inequalities in outcomes and experience of Black and Minority Ethnic groups and older people with cancer, and our work to transform primary care, which will target in particular those experiencing socio-economic deprivation. We will demonstrate progress against the NHS Outcomes Framework by using the agreed health inequality assessed indicators as part of our corporate assurance processes to evaluate how successful our work is to reduce inequalities.

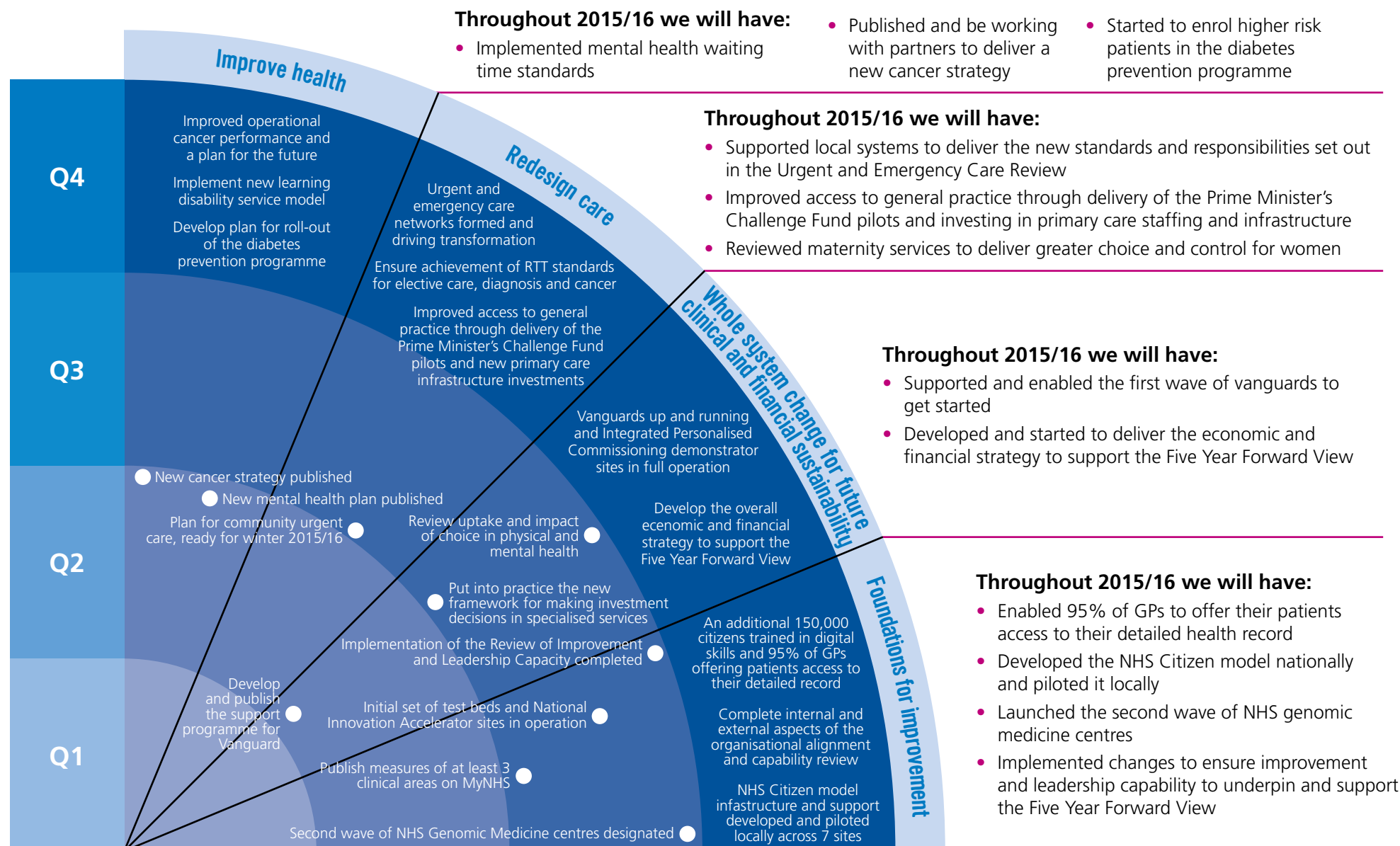
We recognise the need for assurance and reporting of CCG action to tackle health inequalities. Our framework for assuring CCGs in 2015/16 will include a clear focus on the extent to which a CCG is meeting the full range of its statutory duties, including the Public Sector Equality Duty and addressing health inequalities.

Finally, we are required and committed to involving patients in planning and decision-making. We are making progress on this through the establishment of *NHS Citizen* whose purpose is to create a dialogue and focus for citizens and patients, making their voices heard and ensuring we understand their needs. But, there is more we need to do, so this continues to be a specific priority for 2015/16.

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Our year ahead

The diagram below shows 'at a glance' when some of our programmes of work will deliver.



Our people

We are still a young organisation - created in 2013 - and during the past year have undergone a significant period of internal change to maximise our efficiency and effectiveness. We reviewed and changed our structure, to align it better to our core responsibilities and operating costs. We have worked to improve many processes and systems to ensure staff are well supported in delivering their objectives. We have also streamlined our regional structures to work in a more flexible, efficient and consistent way to support operational delivery.

Managing these changes as we have continued to deliver our objectives, in an increasingly pressurised system, has been a challenge and our staff continue to show great commitment and professionalism in delivering outcomes for patients.

This business plan sets out what we need to achieve this year across our broad range of responsibilities, covering the essential delivery of health outcomes described in the mandate, targeted work on specific priorities and the redesign and transformational work necessary to ensure the system becomes financially sustainable. We will ensure we align objectives for all our staff to the priorities and core delivery work set out in this plan, so that everyone can see where they fit within our organisation and how they contribute to the delivery of its aims.

During this year we will be embedding a new set of standards to support all staff to work collaboratively across the organisation and with partners, ensuring we all 'think like a patient and act like a taxpayer' and live up to the values and behaviours we and the NHS as a whole hold dear in the NHS Constitution.

Our aim is for greater engagement across the breadth of NHS England, breaking down barriers between teams and geographies so we can truly begin to feel like one organisation, pulling in the same direction together for the benefit of patients and the public.



Our people *continued*

Supporting and developing our staff

We have more work to do to develop the organisation we need. During 2015/16 will be focusing specifically on:

- Investing in developing some critical capabilities which need strengthening
- Ensuring our workforce and management better reflect the diverse community we serve
- Improving how we engage with and support our staff, and address the issues staff have raised through our regular engagement survey. For example, by improving our staff briefing and communication to ensure all managers take personal responsibility for keeping their staff informed about the work of NHS England and the challenges and successes for the NHS as a whole.
- Ensuring NHS England prioritises health and wellbeing for its staff. We are implementing our Active Workforce Campaign, to reflect the direction of the Five Year Forward View and NICE guidance on workplace health and are making ten pledges which align individual and organisational commitment to increase engagement and promote health and wellbeing, encouraging people to serve as health ambassadors in their local communities.
- Working together to ensure we live our values and behaviours at all levels in the organisation.

The work we need to do this year and beyond will be challenging but by supporting one another and working together we can realise our ambition of being an excellent organisation to work for, focused on delivering a high quality, accessible and sustainable NHS for everyone in England.

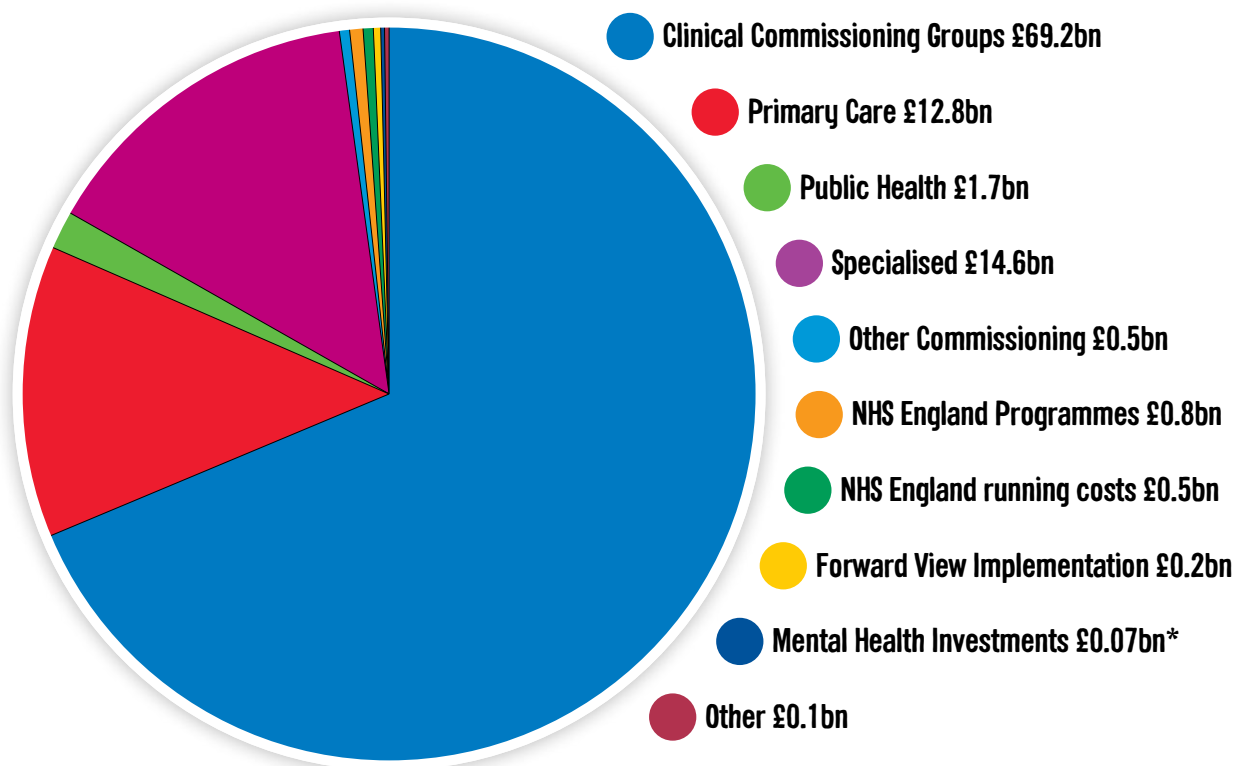


Our funding

We hold a commissioning budget for 2015/16, excluding drawdown of previous years' surpluses, of £100.6bn*. We are responsible for using this money wisely, fairly and transparently to secure the best possible outcomes for both patients and the taxpayer.

We allocate the the majority of this funding, £69.2bn, to Clinical Commissioning Groups for commissioning local health services. A further £29.7bn is spent on directly commissioning services including primary care, specialised services and public health. The remaining funds are allocated to the administration and programmes run by NHS England. The way in which we distribute NHS England's funding is set out in the diagram to the right.

2015/16 NHS England Mandate Funding



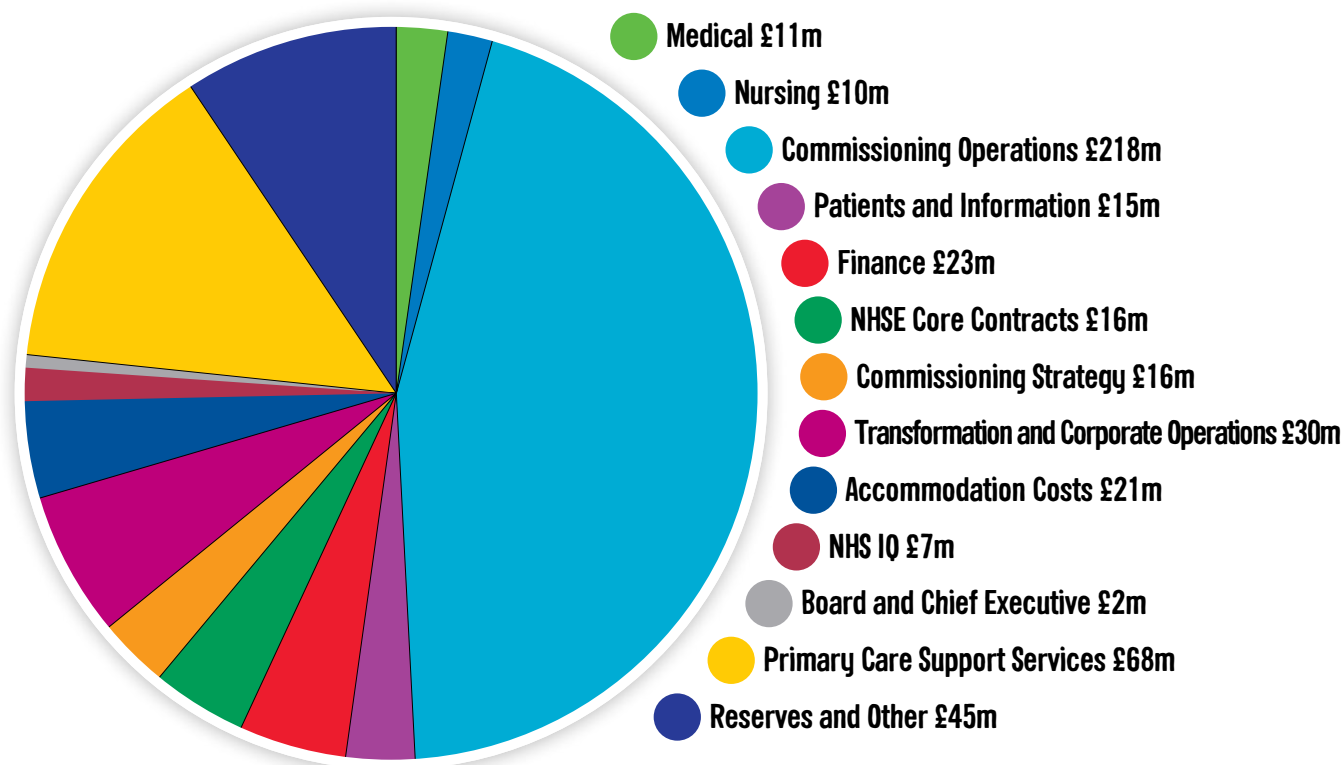
* Total Funding and Mental Health Investments exclude additional £250m announced for children & young people's mental health services in March 2015.

Our funding *continued*

The running costs budget for NHS England in 2015/16 has been set at £486m. This represents a further reduction of 10% on the budget (excluding depreciation) for 2014/15 and has been set following our work to review the organisation's alignment and capability (OACP). This has included changing the shape of our regional functions and making cost savings within each central directorate.

The diagram to the right shows how our core running costs are split between our directorates and our other corporate funds.

2015/16 NHS England Running Costs Budgets



Our funding *continued*

Our programme costs are focused on the delivery of our corporate and directorate priorities and this year we have a funding envelope of £828m (2014/15: £933m). Over a third of this funding (£302m) is essentially a 'pass-through' cost to fund Clinical Excellence Awards, the Leadership Academy and a variety of other operational commitments. A further £153m is required to fund NHS provider support commitments. This leaves £373m for direct investment by NHS England to deliver on the priorities and objectives outlined in this business plan, including £98m deployed through various improvement bodies, namely NHS IQ, Academic Health & Science Networks and Clinical Networks and Senates (of which £21m relates to the delivery of specific directorate programmes through NHSIQ).

The diagram shows how our programme costs are split across our directorates and the other organisations that we host.

In addition to the funding above, we hold separately a new investment fund of £200m which is allocated to support the implementation of the Five Year Forward View, including support for vanguard sites and other activities to support the development of new models of care.

2015/16 NHS England Programme Budgets by Directorate and Hosted Organisations

