

**Public BOARD PAPER - NHS ENGLAND**

**Title:** NHS England 2015/16 Business Plan and Budget

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**Purpose of Paper:**

- To set out the Business Plan and its priorities and seek approval for its publication from the Board.

**The Board is invited to:**

Delegate final approval of the Business Plan to the Chief Executive and Chairman.

## **Introduction**

1. Development of the NHS England business plan and all underlying work has been ongoing for the past few months. It is a requirement of the Health and Social Care Act (2012) that the business plan is published before the start of the financial year, and sets out how NHS England will deliver its mandate.
2. This paper provides the context for the development of the plan and asks for confirmation from the Board to approve the business plan.

## **Context**

3. In developing the business plan we have worked across and beyond the organisation, including at the Board development session, iterative discussions with the Department of Health and liaison with other Arm's Length Bodies and Patient & Public Voice representatives.
4. NHS England was established to deliver a number of statutory responsibilities, and is designed and organised to deliver those responsibilities as its core delivery business. These are fundamental to delivering the mandate, but do not change each year, and are not covered in detail in the plan.
5. The business plan sets out what we need to do throughout 2015/16, over and above our core delivery and statutory responsibilities, to achieve our objectives; for our partners so we can support them and they can support us; and for the Government and the patients and public we serve so they can hold us to account for our work.

## **The Business Plan**

6. Previous discussions with the Board have indicated that the plan needs to be based on a framework and themes which will remain consistent over the next few years, even though specific in-year priorities may change, reflecting progress and emerging developments.
7. As a result the business plan has been organised around four overarching themes which will endure over time. These are:
  - a) Transforming care for patients
  - b) Designing the NHS around Patients
  - c) Whole system change for future clinical and financial sustainability
  - d) Foundations for Change to Happen
8. Within these themes, we have identified ten corporate priorities where we need to deliver a significant step change or improvement by the end of the year (see Annex A).
9. We have chosen these ten priorities because together they reflect the areas where making improvements will have the most significant impact on patients,

and will set the essential groundwork to achieve the ambitious vision set out in the *Five Year Forward View*. We need to make progress on both fronts if we are to deliver the mandate in 2015/6 and for future years. Annex B sets out how our priorities support our mandate delivery.

10. We have included case study sections to help illustrate how past work and the new priorities deliver improvements for key patient groups including older people, children and young people and for maternity services.
11. The priorities in the business plan do not reflect everything we do as an organisation. They are additional to our core delivery of statutory responsibilities which underpin everything that the mandate requires of us. Our core delivery work is delivered through our 'day-to-day' operations and captured through our assurance & monitoring processes.

### **Our Ten Priorities**

12. Within our theme Transforming care for patients we will:
  - a) Transform the quality of care and access to **cancer** treatment - because cancer is the single biggest contributor to premature death and our survival rates remain below the European average, which is not acceptable.
  - b) Transform the quality of care and access to **mental health** services – because people with mental health problems have longer waits and lower life expectancy than those with physical health conditions, which must change.
  - c) Transform care for people with **learning disabilities** – because we need to address the previously neglected provision of care for people with learning disabilities, and there is much to do to redress this.
  - d) Prevent the onset of **diabetes** – because it remains one of our biggest challenges, but with the help of our patients, its worst effects are preventable.
13. Within our theme to Design the NHS around Patients we will:
  - a) Transform **urgent and emergency care** services across a range of care settings – because we need to implement the vision for future services so they can cope with the recent surges in demand.
  - b) Transform the commissioning and delivery of **primary care** services – because we have agreed a new deal for primary care and must now put that into practice.
  - c) Ensure appropriate, timely access to high quality **elective care** services – because we must ensure that elective care services

continue to meet service standards and remain accessible for patients.

- d) Create sustainable, clinically effective and affordable **specialised care services** – because we need to make certain that all specialised services offer fantastic, consistent care for those who need it.

14. We will also prioritise **whole system change for future clinical and financial sustainability** – because we can only succeed in improving the eight priorities above, in both the short and long term, if we ensure the system is more efficient and effective.
15. Finally, in order to support and deliver these ambitious plans, we need to build and invest in the **foundations for change to happen** across the system – building on existing work to use data & technology, encouraging and investing in the benefits of science and innovation and building the capability and organisational infrastructure across health and care systems.
16. Most critically, and underpinning all of our work today, tomorrow, and in the long term, is the need to ensure everything we undertake is based on a clear understanding of what our patients, citizens and communities want. So we will continue to engage and involve our patients, their carers and families and, more broadly, citizens and communities, in everything we do to ensure high quality health care for all, now and for future generations.

### **Publication of the Business Plan**

17. The business plan document itself describes the work we are doing to deliver each priority, what we expect to be different by March 2016 and some of the specific commitments we will achieve.
18. We are now working to convert the content in the business plan into a final, published product. In order to bring the document to life, we will use interactive PDF techniques to navigate and illustrate content. As with previous years, the business plan will be made available online only. It will be supported by a full communications strategy, to ensure all audiences, but principally NHS England staff, are aware of both its contents and their role in delivering them. Again, as in previous years, an 'easy read' version of the plan will be produced.

### **Assurance and Monitoring**

19. Underpinning the business plan document we are developing a comprehensive suite of information that captures everything we need to deliver in 2015/16 – both the core delivery responsibilities and our ten priorities. This will be used to track progress against delivery of our mandate commitments, our business plan priorities, and all our Five Year Forward View commitments.

20. National Directors are assigned to lead on each priority as well as their core delivery work. Oversight and reporting arrangements are being established to ensure there are effective delivery arrangements in place, and to enable comprehensive and consistent reporting and assurance of delivery to the Executive team and the Board.

## **Financial Context**

21. The business plan sets out the high level financial context for NHS England in 2015/16. This represents the culmination of several months of detailed work between the NHS England finance department, individual NHS England directorates and the business planning team.
22. The business plan analyses the total NHS England mandate funding of £100.6bn across the various allocations for CCGs, direct commissioning and the central NHS England budgets for programme and administration costs.
23. The NHS England budgets for central programmes and central running costs are further broken down in the business plan and programme costs are clearly aligned with the corporate and directorate priorities outlined in the plan. The running costs budgets for 2015/16 represents the successful outcome of the OAC programme, incorporating a 10% reduction in funding.
24. Detailed budgets for NHS England's programme and running costs will be presented to the Investment committee on 30 March for approval and will be incorporated in the final 2015/16 NHS England financial plans to be presented to the board at the end of May.

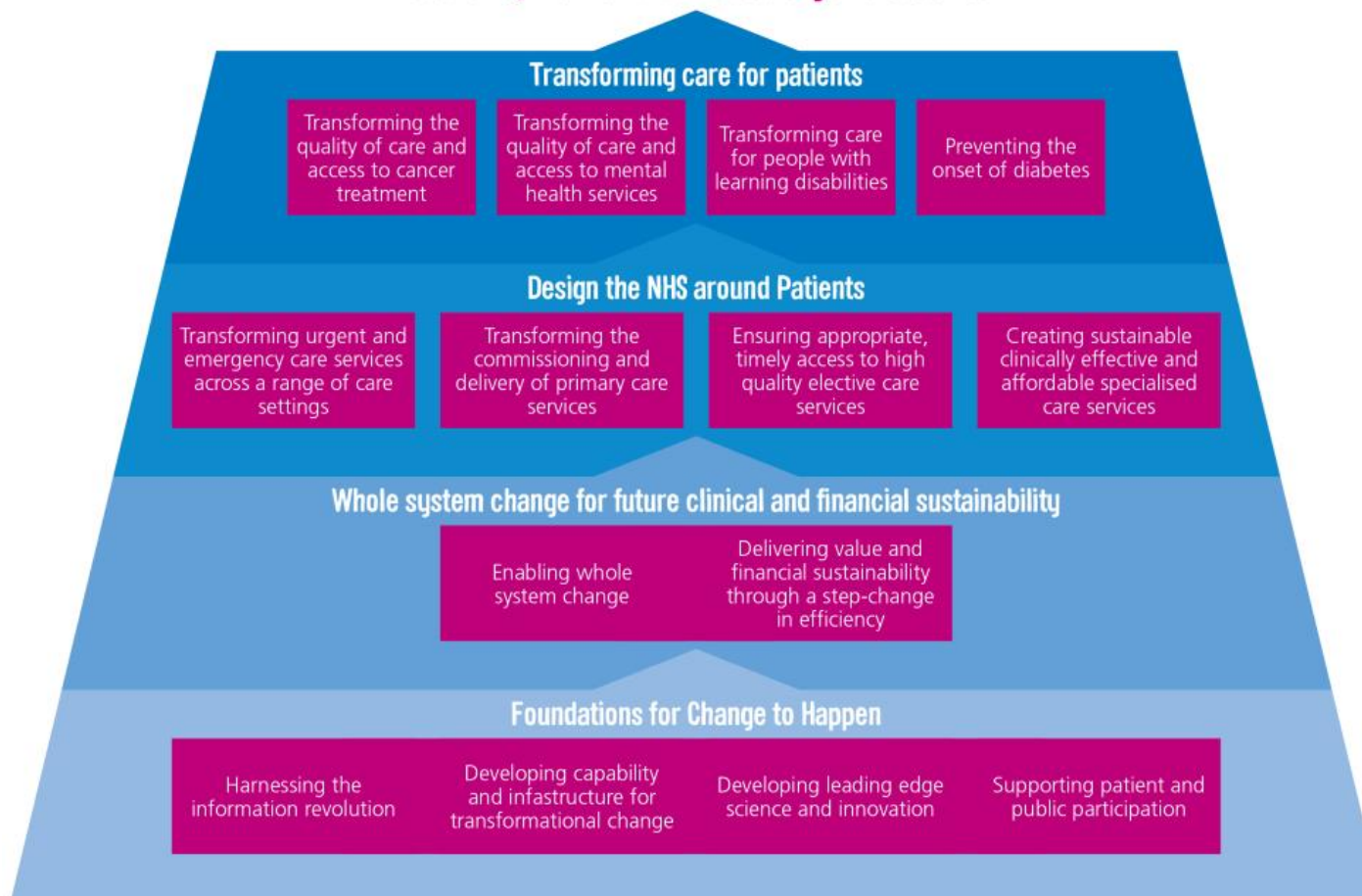
## **Actions for the Board**

25. The Board is asked specifically to:
  - a) Confirm it is content with the 2015/16 business plan.
  - b) Note the programme and running costs budgets and the intention to approve detailed budgets at the Investment Committee.
  - c) Delegate final approval of the business plan to the Chief Executive and Chairman prior to publication.

**Karen Wheeler, National Director: Transformation & Corporate Operations**  
**Paul Baumann, Chief Financial Officer**  
**March 2015**

## Annex A – Our Corporate Priorities for 2015/16

**High quality health care for all patients and citizens, now and for future generations.**



## Annex B – How our Corporate Priorities and core delivery work deliver our Mandate

This section summarises how both our core delivery work and priorities will jointly underpin the delivery of each of the 9 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.
4. Huge progress has been made on ensuring people have a **positive experience of care** through the focus of the work initiated as a result of Sir Robert Francis' report. But 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 those 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 of course fundamental. We will continue the national work already underway to embed a culture of patient safety in the NHS which our clinical directorates lead, 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 supporting the life science industry. 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, for example through our work to improve mental health services and our focus on integrated care.
8. Good **financial management**, including planning for the long term is at the heart of the 5YFV, 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 and improvement is our will to secure continuous improvement and reduced inequality in access to services, the quality of services and the outcomes achieved. These requirements are core to all that we do. 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 (OF) by using the agreed health inequality assessed OF indicators as part of our corporate assurance processes to evaluate how successful our work is to reduce inequalities.

We recognise the need for robust 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 (PSED) 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 voice 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.

Corporate Priorities										
	Transforming the quality of care and access to cancer treatment	Transforming the quality of care and access to mental health services	Transforming care for people with learning disabilities	Preventing the onset of diabetes	Transforming urgent and emergency care across a range of settings	Transforming the commissioning and delivery of primary care services	Ensuring appropriate, timely access to high quality elective care services	Creating sustainable, clinically effective and affordable specialised care services	Whole system change for future clinical and financial sustainability	The Foundations for Change to Happen
Mandate Chapters	Preventing people from dying prematurely	●	●	●	●	●	●	●	●	●
	Enhancing quality of life for people with long-term conditions		●	●	●		●	●	●	●
	Helping people to recover from episodes of ill health or following injury	●	●		●	●	●	●	●	●
	Ensuring that people have a positive experience of care	●	●	●	●	●	●	●	●	●
	Treating and caring for people in a safe environment and protecting them from avoidable harm	●	●	●	●	●	●	●	●	●
	Freeing the NHS to innovate			●			●		●	●
	The broader role of the NHS in society		●	●	●		●		●	●
	Finance		●		●	●	●		●	●
	Assessing progress and providing stability	●	●	●	●	●	●	●	●	●