

**PUBLIC BOARD PAPER - NHS ENGLAND**

<b>Title:</b> NHS England Business Plan
<b>Lead Director:</b> Karen Wheeler, National Director: Transformation and Corporate Operations
<b>Purpose of Paper:</b> This purpose of this paper is to present the NHS England Business Plan 2016/17 for approval
<b>The Board is invited to:</b> The Board is asked to approve the NHS England Business Plan 2016/17 for publication

**NHS England Business Plan  
Public Board Meeting 31 March 2016**

**1.0 Introduction**

- 1.1 It is a requirement of the Health and Social Care Act (2012) that the NHS England business plan is published before the start of the financial year, and that it sets out how we will deliver our mandate. We have been developing our 2016/17 delivery plans for a number of months and these form the basis of the 2016/17 NHS England Business Plan publication at Annex A.

**2.0 Context**

- 2.1 The business plan describes the organisation's priorities and objectives for 2016/17. It provides a clear framework for the work we do and sets out how we, working with our partners, will deliver our commitments in the Five Year Forward View and mandate.
- 2.2 Our ten corporate priorities are broadly consistent with those laid out in our 2015/16 business plan. We have structured them around three themes, aligned with the Five Year Forward View:
- Improving Health – closing the health and wellbeing gap
  - Transforming Care – closing the care and quality gap
  - Controlling costs and enabling change – closing the finance and efficiency gap
- 2.3 The Business Plan describes the work we are doing to deliver each of our priorities, sets out our in-year commitments for each, and also describes some key areas of focus for the organisation for 2016/17.

**3.0 Actions requested**

- 3.1 The Board is asked to approve the NHS England Business Plan 2016/17 for publication on our website on 31 March 2016.

**Author:** Rachel Souter, Head of Programme Portfolio and Business Planning  
**Date:** March 2016

# OUR **2016/17** BUSINESS PLAN



NHS England INFORMATION READER BOX		
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<b>Contact Details for further information</b>	Rachel Souter Transformation & Corporate Operations, Business Planning Team NHS England Quarry House Quarry Hill, Leeds, LS2 7UE 07884 117588	
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# FOREWORD FROM OUR CHAIRMAN

NHS England is an independent organisation established by parliament and charged with the stewardship of the NHS. The government's expectations of us are set out in an ambitious mandate for 2016/17. It requires us to continue to sustain a comprehensive national health service in England, of high quality and free of charge to everyone at the point of use. It is funded mainly from general taxation, and our 2016/17 budget stands at £107 billion. Our responsibility is to allocate and invest these funds wisely to improve health and wellbeing, secure high quality care, derive value for money for the public's investment and create a sustainable future for the NHS.

The last year has been a challenging one for the NHS. Demand for services has continued to rise, placing GPs and hospitals under huge pressure. Together with all my colleagues on the Board of NHS England, I wish to place on record our deep appreciation of the work of NHS staff across England in ensuring that the millions of people every day who use health services continue to receive excellent care and continually improving health outcomes.

But it is clear, when funding is so tight, that the pressures on the NHS cannot be relieved by our simply continuing with business as usual. In the NHS Five Year Forward View (published in October 2014) the NHS leadership set out a compelling vision for the future. With our partners across the NHS we have made good progress over the last year in bringing the vision of the Five Year Forward View to life and it will continue to be our framework for action over 2016/17.

This business plan describes how we will do it. It sets out 10 priorities, which are organised under the following headings:

- Improving health – closing the health and wellbeing gap
- Transforming care - closing the care and quality gap
- Controlling costs and enabling change – closing the finance and efficiency gap

So our focus for 2016/17 is fully on delivery. It is a truly challenging programme and the NHS England Board will oversee implementation closely to ensure we make real progress at pace on the transformation that is essential to maintain the sustainability and success of this outstanding health service.



**Malcolm Grant**, Chairman, NHS England



# INTRODUCTION FROM OUR CHIEF EXECUTIVE

The challenge for the National Health Service in the coming year is to raise performance in those areas most visibly under pressure - including A&E, waits for operations, and management of hospital finances. But at the same time we need real progress on critical but long neglected services, including strengthening GP care, mental health, and prevention. In an era of historically constrained budgets, how do we square the circle?

Our Business Plan for 2016/17 is built on three guiding principles which will shape our work in the year ahead.

## **1. Constancy of purpose and priorities - stick with the shared plan**

The NHS Five Year Forward View gave practical life to the widely supported 'Triple Aim' of improved health and wellbeing, redesigned care, and wise financial stewardship. We need to continue to advance on all three fronts, not just one or two of them. We need to engage communities and patients in new ways. And we need to persist with our already identified improvement goals, rather than annually coming up with a new list. That's why sharp-eyed readers will see strong continuity in our 10 business plan priorities for next year as compared with last year; the challenges we are tackling require sustained action over years, not months.

## **2. Coherent national support for locally led improvement.**

We will continue to work with the national bodies of the NHS, local and national government and the third sector to provide more aligned leadership across the country, while avoiding distracting administrative reorganisations. And with our national partners we will be working during 2016/17 with 44 health and care communities to develop, agree and begin implementing their local Five Year Forward View plans to 2020. With services under pressure it's obviously time to confront the difficult choices, not kick the can down the road.

### **3. Solve today's issues by accelerating tomorrow's solutions**

In the name of stability it would be tempting - but mistaken - to think that 2016/17 can be a year of 'better firefighting'. Instead we need to intensify and spread the uptake of smarter ways of providing services. 'Vanguards' now covering a fifth of the country point the way. But every part of the country needs to make demonstrable progress this coming year. Part of the answer to pressure on A&Es lies in redesigned out-of-hospital urgent and emergency care, including NHS 111, GP out of hours services, community and social care. Part of the answer to primary care staffing pressures will involve new care models involving boundary-spanning team work, with a wider range of health professionals, enabled by better technology. And so on.

We therefore look forward to working with you on this challenging agenda during what will be a crucial year for the National Health Service.



***Simon Stevens***, Chief Executive Officer

# OVERVIEW

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

NHS England operates under a democratic mandate from the government. This mandate also formally endorses the plan which the NHS has set for itself in the Five Year Forward View (FYFV).

We have 10 priorities in our Business Plan for 2016/17, reflecting the main themes of the mandate, which in turn embody the agenda of the FYFV.

## **Improving health – closing the health and wellbeing gap**

- Cancer is increasing - there will be 300,000 new diagnoses a year by 2020. Following publication of the Cancer Taskforce report in July 2015 we will drive down waiting times, increase diagnostic capacity and develop a modern national radiotherapy network.
- Mental health problems are widespread but services have been underfunded. In line with the Mental Health Taskforce report, published in February 2016, we will increase early intervention, shorten waits for treatment and expand crisis services.
- More than 2,000 people with learning disabilities are cared for in specialist inpatient units when they could have the chance of a better life in the community. We will increase the number of people living in homes in the community.
- The number of people affected by Type 2 diabetes is rising fast, driven by obesity. In 2015/16 we launched a national programme aimed at lowering the risk for individuals and slowing the rise in incidence of the disease. In 2016/17 we will begin to roll out the programme nationally.

## **Transforming care - closing the care and quality gap**

- Demand on urgent and emergency care services continues to rise. We will improve access by creating a single point of contact through a strengthened NHS 111 service to urgent care services outside hospital and by reforming the 999 ambulance service. We will support hospitals to extend emergency consultant cover and diagnostic services seven days a week to reduce the excess mortality associated with weekend emergency admissions.
- Primary care is the bedrock of the NHS. We will support GPs, widen the workforce, harness digital technology and increase use of pharmacists. We will extend the range of services and improve access to them.
- Waiting times for elective care are under pressure. We will support hospitals to hold them down, including through patient choice.
- Spend on specialised services is growing rapidly. We will tackle unwarranted variations in costs, implement a prioritisation framework and develop funding allocations based on population, while using our national leverage to drive improved outcomes.
- Commissioning is a key driver of quality and value in the NHS. We will support its continued development, encourage demonstrative integration of primary and acute care to bring services together for local populations and invest in priority services. We will support new care models in the vanguards and plan for wider spread.

## **Controlling costs and enabling change – closing the finance and efficiency gap**

To realise the ambition set out in the above priorities, the NHS must be set on a financially sustainable foundation. This is a significant challenge and will require commitment from all parts of the NHS. During 2016/17 we will work to ensure delivery of NHS England's contribution to the NHS efficiency target and support NHS Improvement to implement the recommendations of the Carter Review, delivering year on year trust deficit reduction plans, and reducing spending on agency staff. A key part of our role will be the roll out of the Right Care programme, which seeks to obtain the best value care by comparing spending across areas and specialties.

To deliver the changes we seek we will now need to focus, with our partners, on making better use of technology, further developing leadership and supporting scientific research and innovation.

Critical to the success of our plans is the involvement and support of patients and the public. Working with partners, we will empower patients and engage communities, increase patient choice and develop more personalised services in maternity and end of life care. Our aim is to deliver the right care to the right people at the right time.

1



**IMPROVING THE QUALITY OF CARE AND ACCESS TO CANCER TREATMENT**

2



**UPGRADING THE QUALITY OF CARE AND ACCESS TO MENTAL HEALTH AND DEMENTIA SERVICES**

3



**TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES**

4



**TACKLING OBESITY AND PREVENTING DIABETES**

5



**STRENGTHENING PRIMARY CARE SERVICES**

6



**REDESIGNING URGENT AND EMERGENCY CARE SERVICES**

7



**PROVIDING TIMELY ACCESS TO HIGH QUALITY ELECTIVE CARE**

8



**ENSURING HIGH QUALITY AND AFFORDABLE SPECIALISED CARE**

9



**TRANSFORMING COMMISSIONING**

10



**CONTROLLING COSTS AND ENABLING CHANGE**

**WE HAVE 10 PRIORITIES FOR 2016/17**

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

# IMPROVING HEALTH – CLOSING THE HEALTH AND WELLBEING GAP





# 1. IMPROVING THE QUALITY OF CARE AND ACCESS TO CANCER TREATMENT

Cancer is increasing as the population ages. New diagnoses are projected to rise from 280,000 a year today to 300,000 by 2020, and the number living with and beyond cancer from 2 million today to 3.4 million by 2030. However, while survival rates are at record high levels, they are still below the European average.

Last year, we worked to improve operational performance in cancer care, and publish the report of the cancer taskforce outlining a strategy to improve cancer outcomes.

The taskforce report, *Achieving World-Class Cancer Outcomes*, was published in July 2015. It set out a five year strategy with six priorities including a radical upgrade in prevention, a drive to achieve earlier diagnosis and better support for people living with cancer.

Based on the recommendations of the taskforce, we will deliver earlier and faster cancer diagnosis, backed by new incentives for local health economies and new models for increasing capacity to speed up access to specialist diagnostics when required, improving patient experience and outcomes and saving more lives. By 2020, patients will be given a definitive diagnosis, or all clear, within 28 days of being referred by a GP.

We will establish Cancer Alliances from September 2016, with the support of other NHS Arm's Length Bodies (ALBs) and voluntary bodies, which will focus on the quality of local services from the start of treatment to its end and include social and voluntary care.

In spring 2016, we will launch an integrated cancer dashboard of outcomes, which will include data on patient experience and quality of life, for commissioners and providers. This data will help ensure decisions about care, and plans to improve the service, focus on the whole patient pathway and high quality delivery. By March 2017, we will finalise how we will collect data on long term quality of life for the dashboard.



The dashboard will also aim to increase understanding of inequalities between different population groups. We will tackle these inequalities, along with unwarranted variations in clinical outcomes. We will continue to roll out the Recovery Package, which takes a holistic approach to cancer treatments, including self-management, side effects and physical activity, and develop a modern national radiotherapy plan to improve outcomes. By 2020 we aim to improve overall one year survival for all cancers to 75 percent, up from 69 per cent currently.

The strategy will be led by the new National Cancer Transformation Board, which will include representatives from NHS England, Public Health England, Health Education England, Care Quality Commission, and NHS Improvement. A new National Cancer Advisory Board, comprised of patient representatives, cancer charities and Royal Colleges, will advise and scrutinise implementation of the taskforce report.

#### Our 2016/17 commitments:

In April 2016, we will launch an integrated cancer dashboard of outcomes. By March 2017, we will agree an approach for collecting data on long term quality of life for inclusion in the dashboard.

From September 2016, we will begin to roll out a national system of Cancer Alliances.

By December 2016, we will develop a plan for a modern national radiotherapy network, with a revised radiotherapy service specification.

From April 2016, we will support NHS providers and NHS Improvement to achieve the 62-day maximum wait from receipt of urgent GP referral to start of first treatment.

By March 2017, in five local health economies, we will develop and test a new waiting times standard of 28 days from referral to definitive diagnosis, for roll out from early 2017/18.



## 2. UPGRADING THE QUALITY OF CARE AND ACCESS TO MENTAL HEALTH AND DEMENTIA SERVICES

Mental ill health is widespread, disabling, yet often hidden. It accounts for 23 percent of the total burden of disease, yet those with mental health problems struggle to get the support they need. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS.

Last year we announced the creation of a taskforce to develop a national mental health strategy, improvements to crisis care, and to services for children and young people.

Good progress has been made. Joint agency local plans to transform care for children and young people were created and fully assured for every Clinical Commissioning Group (CCG). We have increased access to psychological therapies, improved crisis care and met the Prime Minister's challenge that at least two thirds of individuals with dementia should be diagnosed. The Mental Health Taskforce report was published in February 2016.

With the blueprint provided by the Mental Health Taskforce, and the funding we have allocated to it, we will improve early identification, support and treatment of mental health problems in children and young people, develop access pathways for evidence-based care across the full spectrum of mental health conditions, ensure people with severe mental illness have their physical health needs met (and vice versa), extend 24/7 crisis services across the NHS, and increase help for women experiencing mental ill health during the perinatal period.

We will reduce the number of people dying prematurely with preventable problems, cut waiting times for evidence-based treatment, improve outcomes and support efforts to reduce stigma.

We will ensure people with complex needs receive treatment in the least restrictive setting, as close to home as possible and with a strong focus on recovery. We will maintain the dementia diagnosis rate and improve treatment and support in all parts of the country.

CCGs are being asked to increase spending on mental health services by at least as much as the overall increase in their budgets and they will update their plans to transform services locally for children and young people.

We will improve provision for some of the most vulnerable children, by designing an enhanced model of mental health and neuro-disability care for those in secure accommodation. In tandem, we will establish collaborative networks that cover the whole health pathway for young people transitioning to and from secure accommodation, Liaison and Diversion services, Sexual Assault Referral Centres and crisis care related to police custody.

## Our 2016/17 commitments:

Develop and implement a new national implementation programme for mental health to 2020/21, building on the recommendations of the independent Mental Health Taskforce and the Dementia Implementation Plan.

From April 2016, at least 50 percent of people experiencing a first episode of psychosis should commence treatment with a NICE approved care package within two weeks of referral, with the aim of increasing to 60 percent over the next five years.

By April 2016, we will work with mental health providers to ensure that 75 per cent of people referred to psychological therapies begin treatment within six weeks, and 95 per cent within 18 weeks, securing a minimum of 50 per cent recovery rate from treatment, with the aim of increasing access to 25 per cent over the next 5 years.

From April 2016, maintain a minimum of two thirds diagnosis rates for people with dementia, whilst agreeing an affordable implementation plan to deliver more consistent access to effective treatment and support.

By March 2017, we will support CCGs to begin implementing plans to improve crisis care for all ages, including investing in places of safety.

By March 2017, we will work with partners to increase provision of high quality mental health care for children and young people to ensure an extra 70,000 have access by 2020, including prevention and early intervention.

By March 2017, we will set out how areas will ensure that children and young people with an eating disorder commence treatment with NICE-approved care within clear waiting times for both urgent and routine cases.



## 3. TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES

An estimated 1.2 million people in England have a learning disability. More than 2,000 are cared for in specialist inpatient units at any one time, when they would have the chance of a better life in the community or other services, and many suffer poor physical health, dying on average 16-25 years earlier than the rest of the population. The inexcusable events at Winterbourne View exposed the risks of long stays in unsuitable care environments.

To redress these inequalities, last year we pledged to prevent inappropriate admissions, extend care and treatment reviews, close inappropriate facilities, monitor death rates and increase annual health checks.

From April 2016 we will begin a three year programme with our partners to reduce inpatient capacity by between one third and one half by 2020 and build better facilities and support in the community, following the national strategy set out in Building the Right Support.

We will help local commissioners build up community services and close hospital beds as part of their Sustainability and Transformation Plans by reforming the way funds flow round the system, providing guidance on best practice, improved data on performance and practical support for local leaders to learn from each other.

We will increase the number of people with a learning disability registered with a GP and receiving an annual health check as a first step to reducing the mortality gap. We will extend screening for major illnesses such as cancer and heart disease and ensure those who need it get the necessary, evidence-based treatment.

Our work last year, and that of our partners, revealed that children and young people have particular issues with care and support so in 2016/17 we will improve the help we provide, such as assisting the transition to adulthood through health, education and care plans.

We will lead implementation of the strategy in close collaboration with regional teams who will support CCGs. The Association of Directors of Adult Social Services, Local Government Association, Care Quality Commission, Health Education England, Skills for Care and NHS Improvement will also be involved and we will engage with experts by experience, and others, to ensure we make use of the full range of expertise.

#### Our 2016/17 commitments:

During 2016/17 we will increase the number of people with a learning disability living in homes in the community and reduce the numbers in hospital, to achieve an overall reduction of 35-50 per cent by 2020.

During 2016/17 we will increase the number of people with a learning disability who are registered with and known to a GP.

During 2016/17 we will increase the number of people with a learning disability having an annual health check.

During 2016/17 we will strengthen the monitoring of the quality of services accessed by people with a learning disability and their mortality rates.

During 2016/17, we will help NHS employers to employ more people with learning disabilities. We will also set an example ourselves by finding good opportunities to include people with learning disabilities within NHS England.



## 4. TACKLING OBESITY AND PREVENTING DIABETES

The prevalence of Type 2 diabetes has been rising fast, driven by increasing obesity. The numbers of people diagnosed with the condition are projected to grow from 2.7 million in 2013 to 4.6 million in 2030. In addition, a further 5 million people are estimated to be at high risk of developing Type 2 diabetes.

Last year we announced the launch of the NHS Diabetes Prevention Programme (NDPP), a joint initiative of NHS England, Public Health England and Diabetes UK, targeting people at high risk with help to modify their diet, control their weight and become more physically active. We worked with seven demonstrator sites and launched a national procurement, using NHS purchasing power to drive efficiencies.

The aims of the programme are to lower the risk for participating individuals, slow the rise in incidence of the disease and reduce the burden of heart, stroke, kidney, eye and foot problems (and associated deaths) related to it – all key elements of local Sustainability and Transformation Plans.

By April 2016 we will have a framework of NDPP providers across England. We will continue to develop the programme throughout 2016/17. By March 2017 we will help people to eat better, lose weight and exercise more. This will be made available to at least a further 10,000 people at high risk of developing diabetes, as a step towards supporting 100,000 people to reduce their risk of diabetes by 2020.

We will monitor the uptake of the prevention programme to ensure it reaches groups who are often under represented such as Black and Minority Ethnic (BME) communities. If providers market their services, or where we introduce direct recruitment by providers, we will include performance measures to ensure they recruit a representative proportion of people from BME and similar communities with low access to services.

We will contribute to the government's forthcoming child obesity plan to help secure reductions in the percentage of children who are overweight or obese. We will also work to reduce the variation in the management and care of people with diabetes.

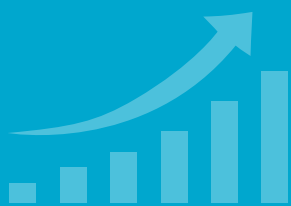
#### Our 2016/17 commitments:

By April 2016 we will have the first contracts in place locally for the delivery of diabetes prevention services.

By March 2017 we will have made available to at least a further 10,000 people at high risk of developing Type 2 diabetes support to help modify their diet, control their weight and become more physically active through the prevention programme.



# TRANSFORMING CARE – CLOSING THE CARE AND QUALITY GAP





## 5. STRENGTHENING PRIMARY CARE SERVICES

There are more than 5 million consultations a week in general practice and more than 85 per cent of patients rate their GP practice as good. But patient satisfaction is under pressure owing to problems with access, difficulties in recruiting staff and falling morale. General practice needs support and reform to expand GP numbers, widen the workforce, harness the potential of digital technology, make the most of clinical pharmacists and increase value for money.

A growing population with a growing number of elderly and chronically sick patients requires growing professional staff to provide the necessary care.

Working with Health Education England we want to increase the size of the GP workforce; with a target of an additional 5,000 doctors, this includes some former GPs who will be supported to return to practice. An additional 5,000 other clinical and non-clinical staff –including pharmacists to work in GP surgeries - will also be recruited.

We will upgrade GP surgeries and facilities and deliver a paperless system for the transfer of notes between general practices.

As part of the new care models programme, we will test a voluntary alternative contract for general practice – the multispecialty community providers (MCPs) contract - which will enable GPs to join forces with neighbouring practices and community nurses, hospital specialists and pharmacists to deliver better integrated care. The aim will be to break down boundaries between GPs and hospitals, physical and mental health and between health and social care to enable the NHS to work better with local communities and reduce pressure on A&E and unnecessary hospital admissions.

During 2016/17, we and our partners will increase weekend and evening access to general practice with the aim of delivering improved seven day access to GP services by 2020.

We will work closely with Health Education England, Care Quality Commission and the Department of Health and with national organisations such as the British Medical Association and the Royal College of General Practitioners to deliver these changes.

#### Our 2016/17 commitments:

By the end of March 2017, as part of our commitment towards achieving a seven day NHS, we will offer ongoing evening and weekend access to general practice for at least 20 per cent of people across England.

By the end of March 2017, we will have accelerated investment in primary care estates and rolled out workforce measures to improve return to work processes for doctors working in general practice, which contributes to securing 5,000 doctors by 2020.

By the end of March 2017, we will conclude contract negotiations for 2017/18 for general practice and pharmacy, and develop an alternative contract option for general practice as part of the new care models programme.



## 6. REDESIGNING URGENT AND EMERGENCY CARE SERVICES

Demand on Accident and Emergency departments, emergency ambulances, NHS 111 services and general practice continues to rise. Evidence shows that only a fraction of 999 calls are for genuinely life threatening conditions, many patients attending A&E could be better treated in other settings and people are often confused about what help is available when their GP practice is closed.

In November 2013 we published a review of urgent and emergency care which set out a vision to provide a swift response for those with urgent needs. The aim is to deliver care closer to home when possible, whilst ensuring that those in need of emergency care for life threatening conditions are treated in centres with the best expertise and facilities to maximise their chances of survival and recovery.

To achieve this we will provide patients with a single number – 111 – to access urgent care services, including out-of-hours general practice, community and mental health services. This will be introduced in phases and be in place across the whole country by 2020.

The whole urgent care system outside hospital will be transformed and brought together behind an improved NHS 111 service. This will allow patients to speak to a clinician if needed, who will have access to their medical records and be able to book them directly into the service that is right for them, whether that be one delivering care close to home or a specialist consultation. Electronic access for clinicians to a patient's health records will be available, with the patient's consent, via NHS 111, 999, in the community and in hospital.

Reforms to the 999 ambulance service will be rolled out to deliver a more clinically appropriate response, on the phone or in the patient's home, with the right skills, a suitable vehicle if needed, and with the right urgency - all to improve the quality of care.

Urgent care has always been available 24/7 in the NHS, but as part of the drive to enhance it we will support hospitals to increase the level of weekend consultant cover and access to diagnostic services. We will ensure that a quarter of the population has access to acute hospital services for emergency admissions that comply with the four priority clinical standards (including consultant-led review and access to diagnostics) on every day of the week by spring 2017. Over time this will also include full mental health support in A&E departments.

Specialist services for stroke, heart attack, major trauma, vascular surgery and children's critical care will be organised into networks to ensure the highest standards of access and treatment for these life changing and life threatening conditions.

During 2016/17 we will work with vanguards and other early implementers to understand activity flows and cost, test new payment systems, develop the NHS 111 workforce, improve online access to advice and personal health records and trial new outcome measures.

We will also begin to simplify the confusing and inconsistent range of services, such as walk-in centres and minor injuries units, through a consistent service offer for urgent care.

Anyone in a mental health crisis will be able to access the care they need in the same way as someone with an urgent physical health care problem. Most of the time this will be at home or in the local community; our aim is to ensure that there are high quality 24/7 alternatives to A&E wherever possible. However, if care is needed in hospital, we expect 24/7 access to expert mental health care provided by a dedicated liaison mental health team.

#### Our 2016/17 commitments:

By March 2017 we will deliver the integrated urgent care model described above to at least 20 per cent of the country, offering a single all hours telephone number (111) for all urgent care needs, with access to a clinician and, where possible, to an individual's health records when required.

By March 2017 the emergency ambulance service will provide a 999 response that best meets a patient's clinical needs.

By March 2017, we will support hospitals to roll out seven day emergency hospital services to 25 per cent of the population, across nine parts of the country. These services will comply with the four clinical standards that have been identified as having the most impact.

## Spotlight on improving access to healthcare

Illness does not confine itself to office hours – neither should the NHS. The risk of dying within 30 days is higher among patients admitted to hospital at the weekend, though the cause is disputed. Enhancing access to healthcare every day of the week is designed to improve care, smooth patient flow, cut readmissions and reduce length of stay.

The government's mandate to the NHS requires us to develop a framework for providing seven day services that are affordable and sustainable, recognising that different solutions will be needed in different localities. The work of our urgent and emergency care and primary care priorities will help deliver this improvement to services.

By the end of March 2017, we will be offering evening and weekend access to general practice for at least 20 percent of people across England.

By March 2017, we and NHS Improvement will support hospitals to provide enhanced emergency support to 25 percent of the population across nine parts of the country. They will be measured against four clinical standards which were identified as having the most impact on reducing the risk of dying if adhered to on every day of the week. These are: time to review by a senior doctor; access to diagnostics; access to consultant-led interventions; and ongoing review in high dependency areas. We will expand these services to cover the whole of England by 2020.

Hospitals will begin to implement the four clinical standards across the five urgent network specialist services of vascular, stroke, major trauma, heart attack and children's critical care.

By March 2017, we will also support CCGs in improving crisis care for all ages as a step towards ensuring a 24/7 community based mental health crisis response is available in all areas by 2020.



## 7. PROVIDING TIMELY ACCESS TO HIGH QUALITY ELECTIVE CARE

Over the last decade waiting times have fallen dramatically. But the number waiting has grown to just over 3.5 million. This is putting pressure on the commitment under the NHS Constitution that patients should start consultant-led treatment for non-urgent conditions within 18 weeks of referral, and for other conditions specific targets apply.

It is important that these standards are met and we will work with NHS Improvement to recover and maintain hospitals' performance in this respect.

Patients have the right to choose where they receive their treatment but fewer than half (40 per cent) of outpatients recalled being offered the opportunity to do so in a 2015 survey. We will work with NHS Improvement to fundamentally redesign and modernise the referral process increase the number of patients offered a choice of provider when they are referred for treatment, which is an important part of empowering patients to make decisions about their care.

A review of maternity care, Better Births published in February 2016, spelt out a vision of services that are safer, kinder, more personalised, and more family friendly. We will begin implementation of the review from April 2016.

### Our 2016/17 commitments:

By April 2016 we will begin to implement the maternity review.

By March 2017 we will ensure that commissioners are commissioning the care needed to achieve recovery of the NHS Constitution standards for elective care and support providers and NHS Improvement to help hospitals deliver them.

By March 2017 we will have set out significant improvement in the patient referral process and patient journey to better meet patient needs, deliver genuine choice and manage demand for elective care, for wider adoption by providers and commissioners.



## Spotlight on maternity

Having a baby is the most common reason for hospital admission and England's birth rate has risen by almost a quarter in the last decade, but is now levelling off. Over 85 per cent of women give birth in a hospital obstetrics unit; despite research showing midwife-led units are safe for low risk pregnancies.

NHS England commissioned a review of maternity services led by independent experts. Better Births, was published in February 2016 and sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

We expect redesign of the maternity services to take five years, beginning in April 2016.

- During 2016/17 we will put in place measures to promote multi-professional working, continuity of carer, and a new model of midwifery supervision to help the NHS improve maternity services.
- During 2016/17 we will begin testing local implementation of the maternity review's vision for greater parental choice.
- By September 2016 we will develop a set of indicators to help the local NHS benchmark and improve their services.
- By December 2016 we will trial a care bundle of measures to reduce stillbirths.



## 8. ENSURING HIGH QUALITY AND AFFORDABLE SPECIALISED CARE

The number of patients being treated for complex surgical and medical conditions, rare cancers, genetic disorders and diseases such as hepatitis C is increasing. That is testament to the progress in enhancing the quality and outcomes for patients and is confirmation of the NHS's capacity to deliver cutting edge care.

As medical care advances and the number of new and innovative treatments continue to increase we are faced with having to make complex and difficult decisions about the funding and location of these treatments. Despite the budget for specialised services being expanded more rapidly than other areas, it remains under considerable pressure from competing priorities.

Last year we began reviewing these services in order to improve the value patients receive and to tackle the unwarranted variation in access, outcomes and costs. We also consulted on a prioritisation framework for making fair and timely decisions on what will be commissioned for whom, beyond those areas articulated in the mandate and our priorities.

In 2016/17 we will articulate our clear vision and strategy for specialised services, pursuing the ambition set out in the Five Year Forward View. This will also continue progress towards more integrated, collaborative commissioning, including the development of population-based allocations for specialised services. Under this arrangement, national standards apply but local commissioners have greater influence over budgets for the whole pathway of care where this will bring better outcomes for patients.

Last year we commissioned 23 new types of treatment which fall under specialised services. We will continue to work with partners on the implementation of a prioritisation framework for making these decisions and on the Quality Assurance and Improvement Framework, adopted last year, to improve the quality of these services and improve outcomes for patients.

Over the past two years we have increased the operational capacity of specialised services, improved their financial sustainability and we now have more control over their commissioning and a better commercial approach to bring best value for

patients. In 2016/17 we will bring more focus to population-based planning, new models of care and empowering patients in order to align specialised services with the vision set out in the Five Year Forward View. We will develop a new business intelligence strategy and approach, helping the commissioning of services to focus on patient insight and outcomes. We will also enhance our commercial approach, particularly towards drugs and devices, to ensure we maximise what can be provided for the budget available.

We will work with patients and the public, NHS Improvement, Public Health England, NHS Providers, NHS Clinical Commissioners, professional colleges and the Department of Health.

#### Our 2016/17 commitments:

By January 2017, we will articulate and communicate the overall strategic vision and strategy for specialised commissioning over the next five years.

By March 2017 we will implement new arrangements for the Cancer Drugs Fund.

During 2016/17 we will and continue to invest in Proton Beam Therapy which will see the first patient treated in the UK in August 2018.

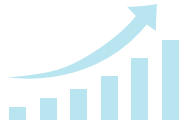
By March 2017 we will have completed at least seven national service reviews to improve value and quality for patients.

During 2016/17 we will give CCGs stronger leadership of collaborative commissioning of specialised services.

During 2016/17 we will embed an Integrated Quality Surveillance Programme for specialised services and cancer services establish a rolling programme of peer reviews for services where there are variations in quality of care.

By March 2017 we will have developed and delivered a new high cost drugs and devices procurement approach.

By March 2017, as part of our ongoing Improving Value programme, we will have delivered Quality, Innovation, Productivity and Prevention (QIPP) project plans for national schemes that will deliver benefits in the 2017/18 contracting round.



## 9. TRANSFORMING COMMISSIONING

To deliver the changes necessary for the Five Year Forward View, we need to design new models for delivering patient services, drive greater integration of services at local level through devolving more activity to local commissioners, and enable patients to have more choice and control over the services they need.

### NEW CARE MODELS

The traditional divide between primary care, community services and hospitals is a barrier to the personalised and co-ordinated services that patients and whole populations need. The vanguards are designing services around the whole needs of patients: managing networks of care rather than organisations, and providing more care out of hospital.

No single model of care will apply everywhere – the NHS and the country is too diverse. The national bodies are responding to this by providing national support for locally-owned new care models that are developed and implemented with the engagement and involvement of clinicians and patients.

In 14 areas, GP practices and partners in the community are working together as multi-specialty community providers (MCPs). Hospital and community services, together with mental health and community care, have joined up as primary and acute care systems (PACS) in nine local health systems. Six enhanced health-in-care-home vanguards are joining up health, care, and rehabilitation services for frail populations.

There are eight urgent and emergency care (UEC) vanguards delivering the recommendations of the Keogh Review faster than the rest of the NHS. The 13 acute care collaboration (ACC) vanguards are taking forward new sustainable models of acute care and focusing specifically on reducing variation in care and efficiency.

The national bodies are committed to enabling new care models and are working together to deliver the following:

During 2016/17 we will track progress in the vanguards using clear national and local measures.

During 2016/17 we will support the design and delivery of the sustainability and transformation planning process to enable the spread of new care models.

By June 2016, we will have developed and published common frameworks for MCPs, PACS and enhanced health in care homes.

During 2016/17, we will start testing new payment approaches, including whole population budgets, as well as approaches to gain and risk share that align financial incentives across local health systems.

By September 2016, we will work with the vanguards to co-produce frameworks for the new organisational forms that will help other areas to deliver new care models.

By March 2017 we will be testing a new contract for MCPs and PACS, for use in 2017/18.

Over 2016/17, we will enable and support MCPs and PACS, as well as Greater Manchester and the North East, to contribute to system-wide changes in 15 to 20 percent of the country.

During 2016/17, we will work with 10 new towns and developments to 'design in' health and healthy environments, and to create health services delivered making the most of technology and patient engagement.

# PERSONALISATION AND CHOICE

We are committed to the roll out of personal health budgets and integrated personal budgets. The mandate sets a clear expectation that 50-100,000 people will have a personal health budget or integrated personal budget by 2020. During 2016/17 we will establish specific milestones for improving the offer, awareness, operation and take-up of personal budgets. This will include developing personal health budgets and integrated budgets for people with a learning disability, and explore other areas where they may be particularly beneficial for example wheelchair services and end of life care.

Integrated Personal Commissioning (IPC) is a new approach to joining up health and social care for people with complex needs. By identifying the total spending on an individual and giving them more control over how this is used, they have the power to shape care that meets their needs, is meaningful to them in their lives, and gives them and their families greater involvement. Last year, nine areas led the way in demonstrating how to implement IPC which will unlock the potential of integrated personal budgets and personalised care and support. In 2016/17, we will build on this learning and develop clear replicable frameworks.

We will also produce plans to embed personalisation and choice across a broad range of services including end of life care, maternity services and elective care.

## Our 2016/17 commitments:

By October 2016 we will develop a detailed strategy and delivery plan to ensure we are able to meet the mandate commitment to increase the number of personal health budgets and integrated personal budgets to between 50-100,000 by 2020/21.

By June 2016 we will launch a programme to improve choice for women during maternity, in at least three test sites.

By March 2017 we will promote and support the implementation of a Choice Commitment to improve choice in end of life care.

By March 2017 we will develop a robust operational structure to enable national roll out of Integrated Personal Commissioning.

## Spotlight on integrating health and care

The traditional divide between family doctors and hospitals, physical and mental health and health and social care has become increasingly less relevant as a result of changes in technology, demography and the pattern and burden of disease, as spelt out in the Five Year Forward View.

Last year we described the flagship new care models programme and vanguard sites which are designed to provide more care locally, organised to support people with multiple conditions, but with some services in specialist centres where they clearly produce better results. We announced a national support programme to re-think workforce roles, to use technology to transform service delivery, to encourage patient empowerment and to introduce new contractual models, payment systems and organisational forms.

During 2016/17 we are asking every health and care system to come together to create their own local blueprint – a Sustainability and Transformation Plan (STP)– based not on individual institutions but on local populations, setting out how they will address their own health, care and financial challenges.

This place-based planning involves bringing local leaders together as a team, developing a shared vision with the local community, agreeing a set of activities to make it happen, and carrying out the plan. This is a big task which must be completed at the same time as urgent measures are implemented to improve performance and stabilise the finances. We will support local leaders to carry it out with exemplar plans, access to expertise on issues ranging from cancer to new care models, and regional development days.



The STPs will provide the roadmap for local areas over the next five years in spreading new care models, rolling out technology and driving clinical priorities such as diabetes prevention, learning disability, cancer and mental health.

From 2017/18, transformational funding will be available for areas with the most compelling STPs, and access to further funds will depend on progress in implementing them. Until then, funding to stabilise hospital finances will be contingent on developing sound plans, as will future increases in CCG budgets.

#### The timetable for developing STPs is:

By June 2016 STPs to be submitted.

By July 2016 STPs to be formally assessed.

By April 2017 funding streams for transformation to be agreed through the STP process.

## Spotlight on devolution

Devolving responsibilities to local areas is one of the government's flagship policies. The Cities and Local Government Devolution Act paves the way for selected local councils and the local NHS to take more control of health and social care decision making for their area.

The aim is to reduce inequalities, deliver integrated care and improve population health, resulting in better outcomes and reduced spending.

The first such scheme to go live is the Greater Manchester Health Care and Social Devolution deal under which there will be more local control of the region's £6 billion health and social care budget from April 2016. NHS England has helped lead this important development.

This is the broadest deal to date, including powers over transport, planning and housing covering a population of 2.8 million.

The deals provide an opportunity for closer integration between health and social care as well as with public health. This will allow a stronger focus on measures to improve the health of the populations they serve, for example using local government regulatory powers on the sale of tobacco, alcohol and fast food.

Five health devolution pilots have been agreed in London. They include a prevention pilot in Haringey exploring the use of planning powers in public health, a pilot in Lewisham to integrate physical and mental health services and a health and social care pilot in Hackney.

During 2016/17 we will support the implementation of well-designed local devolution deals where they effectively promote the integration of health and social care.

# COMMISSIONING DEVELOPMENT

Commissioning is an important driver of quality, improved outcomes and efficiency in the NHS. To promote its continued development, we will provide a support programme focused on the challenges that leaders in commissioning face.

Last year nearly three quarters of CCGs took on an increased role in the commissioning of GP services and 63 CCGs took on full delegated responsibility, to promote integration of hospital and primary care services. In 2016/17, we will maximise the full delegation of general practice as experience last year has shown this is most likely to yield benefits for local people. We will promote collaborative commissioning of specialised services across organisational boundaries to provide patients with a clearer pathway of care and a more responsive service. We will continue to promote integration of health and social care through the Better Care Fund which provides a single partially pooled budget for the NHS and local government. We will evaluate further bids for devolution against our established criteria.

### Our 2016/17 commitments:

During 2016/17 we will continue to oversee integration of health and social care through the Better Care Fund.

During 2016/17 we will support the roll out of full co-commissioning of primary care to the majority of CCGs.

During 2016/17 we will enable CCGs to have stronger leadership and influence of collaborative commissioning of specialised services.

By April 2017, we will ensure that every commissioner has access to excellent commissioning support, including leading edge business intelligence and analytics, through completing the nationwide roll out of the Lead Provider Framework.

# CONTROLLING COSTS AND ENABLING CHANGE





## 10. CONTROLLING COSTS AND ENABLING CHANGE

The NHS faces a very significant financial challenge. The Five Year Forward View identified the funding gap for the NHS by 2020/21 if nothing is done to improve efficiency or moderate demand growth. The Spending Review settlement in November 2015 has given the NHS a credible basis on which to address this gap.

To be sustainable we must moderate demand by improving prevention, achieve substantial efficiency gains and develop new ways of delivering services, for example, by making better use of information, technology, our estates and the skills of our workforce. To ensure we design and plan for the services which patients and the public really need, we need to empower patients and engage communities to play a more significant part in protecting their health.

To control costs and support the necessary supporting changes we will focus on the following programmes of work, in partnership with NHS Improvement.

# DELIVERING VALUE AND FINANCIAL SUSTAINABILITY THROUGH A STEP CHANGE IN EFFICIENCY

We are now building on our progress last year to progress routes to maximise allocative efficiency, particularly through the roll out and implementation of the Right Care programme across the commissioning system. The Right Care programme seeks to obtain the best value care in line with patient expectations. It will help us to eliminate unwarranted variation and waste, supporting us to increase outcomes and reduce expenditure. We will be rolling out the programme to all CCGs during 2016/17, so that by the end of the year all CCGs will be working with the Right Care methodology.

In addition to Right Care, we will also be steering delivery of NHS England's contribution to the NHS efficiency target by ensuring that other transformation programmes - notably new models of care, urgent and emergency care, self-care and prevention - deliver the maximum possible efficiency benefit, in addition to the improvements in service quality and patient outcomes which lie at their heart.

Our 2016/17 operational plans will need to show how we can deliver the first year of efficiency requirements in order to reach a balanced financial position, while the development of five year plans will need to show how planned efficiencies can be delivered across each local health economy across the country.

We will also enable whole system change and transformation by rolling out and implementing a framework for decision making based on securing the best value, which will involve a rigorous evaluation of the returns on competing investments, and by enabling the strategic development of payment systems and tariff structures to support the new care models and other changes happening through the Five Year Forward View.

### Our commitments for 2016/17:

By November 2016 we will roll out Right Care to the first wave of 60 CCGs, followed by the remaining 150 CCGs starting in December 2016.

By March 2017 we will achieve planned reductions in spending through Right Care, and ensure NHS England's contribution to the overall efficiency agenda across other programmes.

During 2016/2017 we will drive the transformation of services by rolling out new methods of assessing value in investment and developing payment systems and tariff structures.



# DEVELOPING LEADING EDGE SCIENCE AND INNOVATION

In common with health systems around the world, the NHS can benefit from new medicines, technologies and processes. We want to speed up the identification and dissemination of high value new approaches to improve outcomes for patients and increase efficiency, while at the same time promoting economic growth and inward investment in the life sciences.

We will support the development of a skilled workforce with Health Education England and support NHS organisations to carry out research. By using evidence to help shape services for patients, we can tackle variations in care, help identify the causes of disease, improve the treatment of patients, increase organisational efficiency, and help attract inward investment to the UK. In this way we will support the financial, social and environmental sustainability of the NHS.

We will outline the clinical, operational and economic benefits of adopting genomics, molecular diagnostics and personalised medicine in the NHS as part of a five year work programme.

## Our commitments for 2016/17:

During 2016/17 we will continue to develop our strategy for a Personalised Medicine service, encompassing underpinning diagnostic services.

During 2016/17 we will deliver the NHS contribution to 100,000 Genomes project.

During 2016/17 we will continue central funding of the Small Business Research Initiative and seek external investment and experience to promote products for priority areas.

During 2016/17 we will support our Academic Health Science Networks to help drive the uptake of innovation in the NHS at local and regional level.

During 2016/17 we will continue to sponsor Healthcare UK, the international brand for the UK healthcare industry, jointly with the Department of Health and UK Trade and Investment.

During 2016/17 we will produce a research plan, developed with our partners, setting out our programme of work to identify research priorities, help increase patient recruitment into trials, and continue to address concerns about excess treatment costs.

By January 2017, we will deliver interim results on the innovations being trialled in the seven real world test beds we have established for evaluating new technologies and approaches that offer better care at the same or lower overall cost.

# PATIENTS AND THE PUBLIC

In thinking about how to improve health, the most important experts – ordinary people managing their own health – are often left out of the equation. Harnessing the energy of patients and the public remains a huge untapped resource. Our aim is to supplement the clinical paradigm of “What is the matter?” with “What matters to you?”

To achieve these changes the care system needs to make a genuine shift to place patients at the centre, shaping services around their preferences and involving them at all stages. Even people with long term conditions, the heaviest users of the health service, spend less than 1 per cent of their time with health professionals. The rest of the time they manage on their own with the help of families, friends and carers. We will roll out Patient Activation Measures and approaches across the system, to support this shift to placing citizens at the centre of our more sustainable health system.

We will use data from sources including surveys, the Friends and Family Test and patient experiences to further understand their needs. We will ensure that services are person-centred, created in partnership with citizens and communities, focused on narrowing inequalities, that carers are supported and that voluntary, community and housing organisations are involved.

Our core objective is to ensure all voices are heard, especially those who have found it harder to make their opinions felt and suffered greater health inequalities as a result.

## Our commitments for 2016/17:

During 2016/17 we will launch a Patient Supported Self-Management programme targeted at patients with long term conditions to include peer support, care planning and self-management.

During 2016/17 we will develop a NHS Citizens' Active Communities Alliance, a network of people interested in sharing good practice around involving communities in health and care.

By March 2017 we will develop proposals for enhancing feedback from the Family and Friends Test, especially in maternity services, to deliver improvements at clinical and ward levels.

By March 2017 we will develop a NHS Citizens' People Bank to enable people to get involved with the work of the NHS in England, and we will register at least 2,000 members.

By March 2017 we will develop a NHS Citizens' Participation Academy to bring together resources for improving skills in participation, for NHS England staff and the public.

# TRANSFORMING CARE THROUGH HARNESSING INFORMATION AND TECHNOLOGY

Better use of data and technology is vital to delivering a safe, effective and sustainable health service. The NHS is in some respects a world leader in information technology - NHS Choices gets over 40 million hits a month. But we have much further to go if we are to ensure consistent use of technology to support more efficient and leading edge patient care.

The National Information Board published a strategy in November 2014, Personal Health and Care 2020, laying out what needed to be done to enable and support the transformation of care. We took steps to integrate NHS 111 and NHS Choices, improve patient access to online appointment booking and records services, and increase transparency around service quality.

During 2016/17, we will receive plans from local health economies setting out how they will continue to drive information and digital developments to support their local care services. We will extend access to the Summary Care Record across ambulance trusts, A&E units, NHS 111 and community pharmacies to improve care. We will improve digital information and advice available to people with cancer, dementia, mental health problems, obesity and diabetes, learning disabilities and their carers. We will increase use of e-referrals, GP online services, and information on NHS performance to help patients choose where to be treated, and we will report on NHS activity in maternity services.

### Our 2016/17 commitments:

By June 2016 local health communities will develop roadmaps setting out the steps to be taken to achieve a paper-free NHS.

By March 2017 we are incentivising CCGs and providers to make 80 per cent of relevant elective referrals electronically using NHS e-Referrals, up from 50 per cent today.

By March 2017 we will ensure 10 per cent of patients are registered for primary care services online.

By March 2017 all ambulance trusts, all community pharmacies, NHS 111 and two thirds of A&E departments will have access to patients' Summary Care Records.

By March 2017 we will publish five new scorecards about hospital quality on the MyNHS website.

By March 2017 we will publish revised national data on mental health and learning disabilities.

# DEVELOPING THE CAPABILITY AND INFRASTRUCTURE FOR TRANSFORMATIONAL CHANGE

To realise the ambition set out in the Five Year Forward View we will be working with partners to exploit the value in NHS-owned land to free up capital for investment, make services more efficient and exploit opportunities for new care models.

We are collaborating with Health Education England and partners to support the development of the workforce which can flexibly work in new care models and support changed ways of delivering services. During 2016/17 we will work to build multidisciplinary teams to lead priority programmes such as developing general practice and implementing new models of care, with reduced duplication and increased effectiveness.

To deliver the intense and challenging scale of change within the new few years requires strong and effective leaders. These individuals will need to be capable of working across organisational boundaries, to ensure local health economies meet local needs and are financially sustainable, as well as leading their individual organisations through change. In close association with our national partners, we are implementing varied interventions and support programmes to foster talent and develop those who can lead transformational change. We are continuing to develop and strengthen NHS England's capabilities and organisation to ensure it can respond to the developing needs of the health and care system. We will do this through building capacity to enable NHS England to work in different commissioning arrangements, including devolution and co-commissioning.

We are strengthening our internal processes to promote diversity, reduce inequality and improve staff engagement and we will further invest in developing the excellent leadership and management skills needed to support NHS local and national transformation. We will help lead national implementation of the NHS' Workforce Race Equality Standard.

Our 2016/17 commitments:

By September 2016 we will support the work that the Department of Health is leading to deliver a national estates strategy.

By June 2016 we will support the cross system work to deliver a national leadership and improvement strategy by March 2017. In the shorter term, we will deliver enablers and support for the leaders developing STPs.

By March 2017 we will complete our ongoing work to deliver necessary improvements to NHS England's assurance and core processes.



# OUR PEOPLE

During the past year we have continued to evolve to maximise our efficiency and effectiveness. We embedded the changes made to our structure. We have worked to improve many processes and systems to ensure staff are well supported in delivering their objectives.

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.

During this year we further focus upon supporting 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. We will also ensure their health and wellbeing is protected with a series of new initiatives.

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.

We have more work to do to develop the organisation we need.

The work we need to do this year and beyond will be challenging but by supporting one another and working together, we will focus on delivering a high quality, accessible and sustainable NHS for everyone in England.

## Our 2016/17 commitments:

Further improving our workforce and management to better reflect the diverse population we serve, by supporting our colleagues via our staff networks and as evidenced by improving our performance against the NHS Workforce Race Equality Standard.

Improving how we engage with and support our staff, and address the issues staff have raised through our regular engagement survey. For example, by focusing upon our values and behaviours through our Respect at Work campaign.

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 improve workplace health, including signing up to the Time to Change pledge to improve mental wellbeing at work.

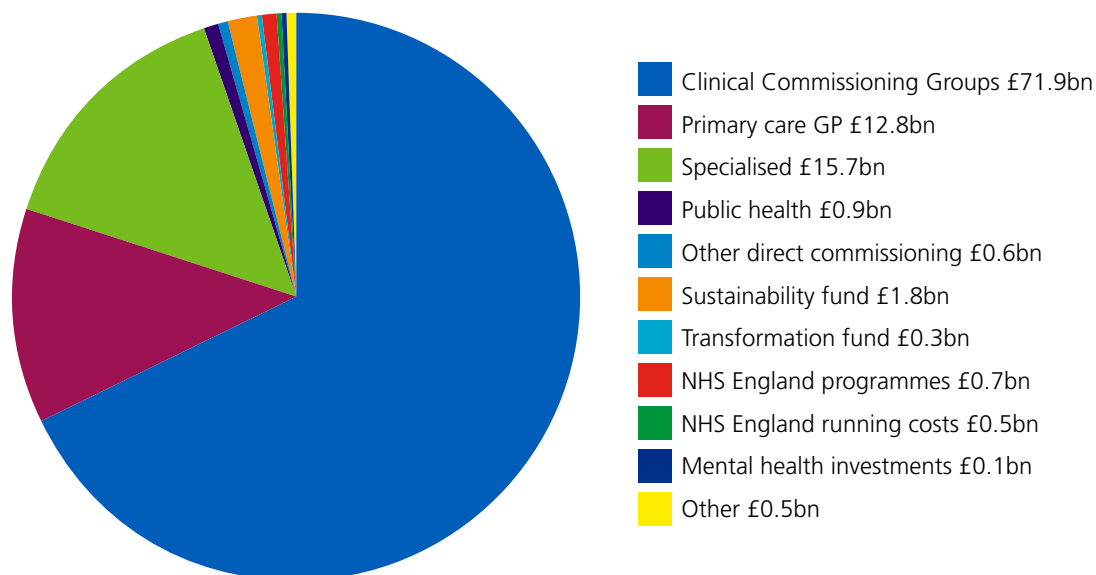
Building talent and capability at all levels, including the start of our Apprenticeships Programme.

# OUR FUNDING

We hold a commissioning budget for 2016/17, excluding drawdown of previous years' surpluses, of £105.8 billion. 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 majority of this funding, £71.9 billion, to CCGs for commissioning local health services. A further £30 billion 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 our mandate funding is set out in the diagram below:

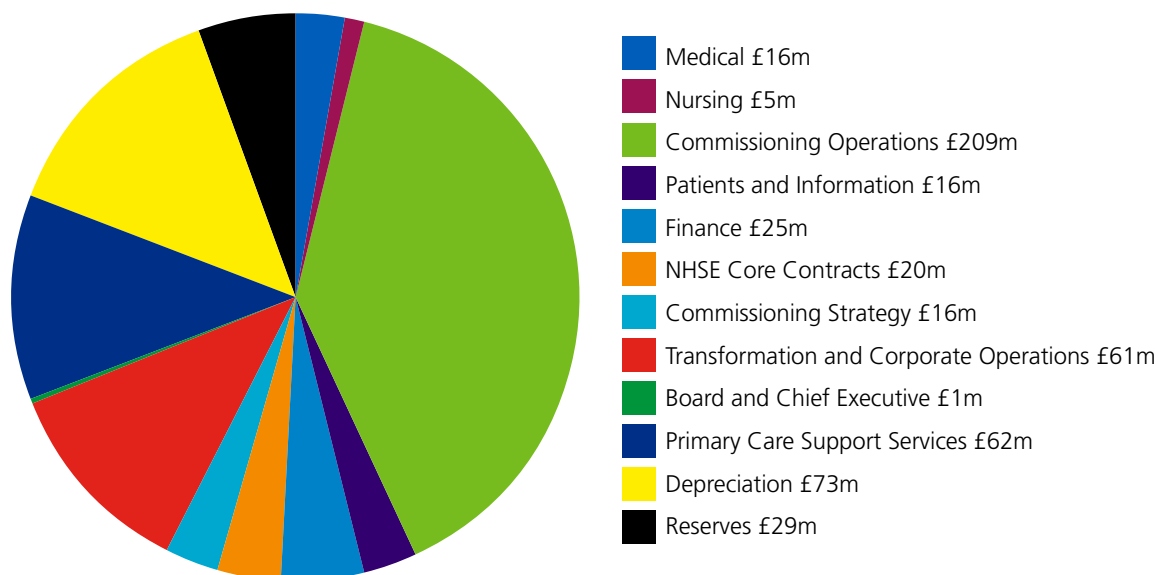
### 2016/17 NHS England mandate funding £billion (£bn)



The running costs budget for NHS England in 2016/17 has been set at £533 million which represents the same cash funding as received in 2015/16, excluding depreciation. However this is a real terms reduction due to the need to fund pay and prices inflationary pressures. Directorates are therefore required to deliver savings to fund this pressure as well as other pressures and investments.

The diagram below shows how our core running costs are split between our directorates and our other corporate funds:

### 2016/17 NHS England running cost budgets £million (£m)



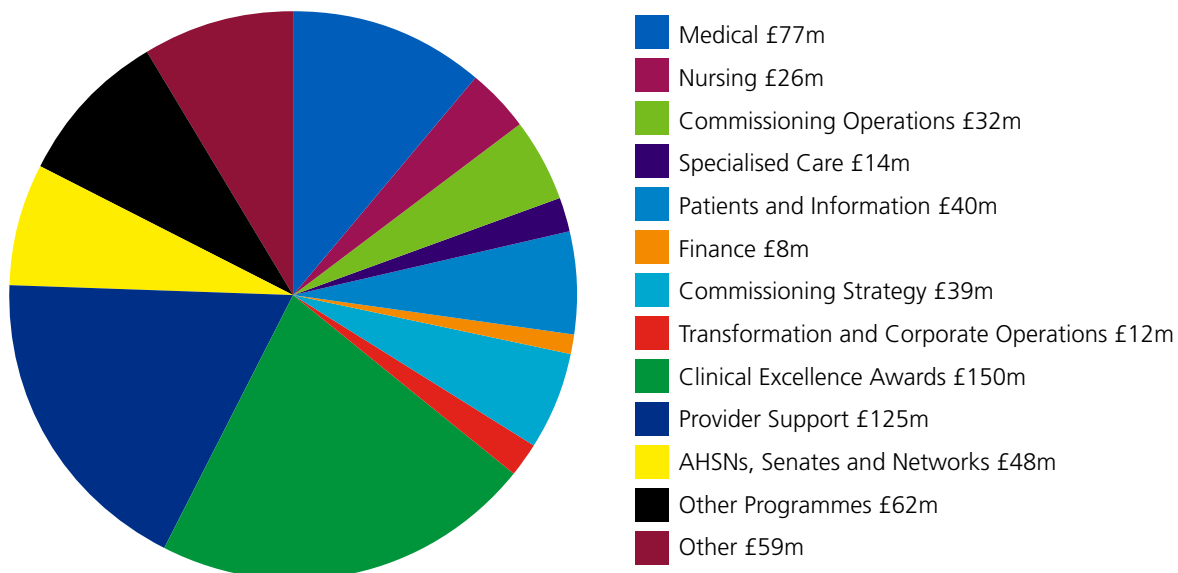
Our programme costs are focused on the delivery of our corporate and directorate priorities and this year we have a funding envelope of £692 million. This is a reduction of £136 million on the 2015/16 baseline, of which £60 million relates to budget transfers to other bodies and £76 million represents a 10 per cent reduction on available funding for central programmes.

Nearly half of the available funding (£337 million) is essentially a pass-through cost to fund Clinical Excellence Awards, a variety of other operational commitments and to fund NHS provider support commitments.

This leaves £312 million (excluding depreciation) for direct investment by NHS England to deliver on the priorities and objectives outlined in this business plan, including £48 million deployed through various improvement bodies, namely Academic Health and Science Networks (AHSNs) and Clinical Networks and Senates.

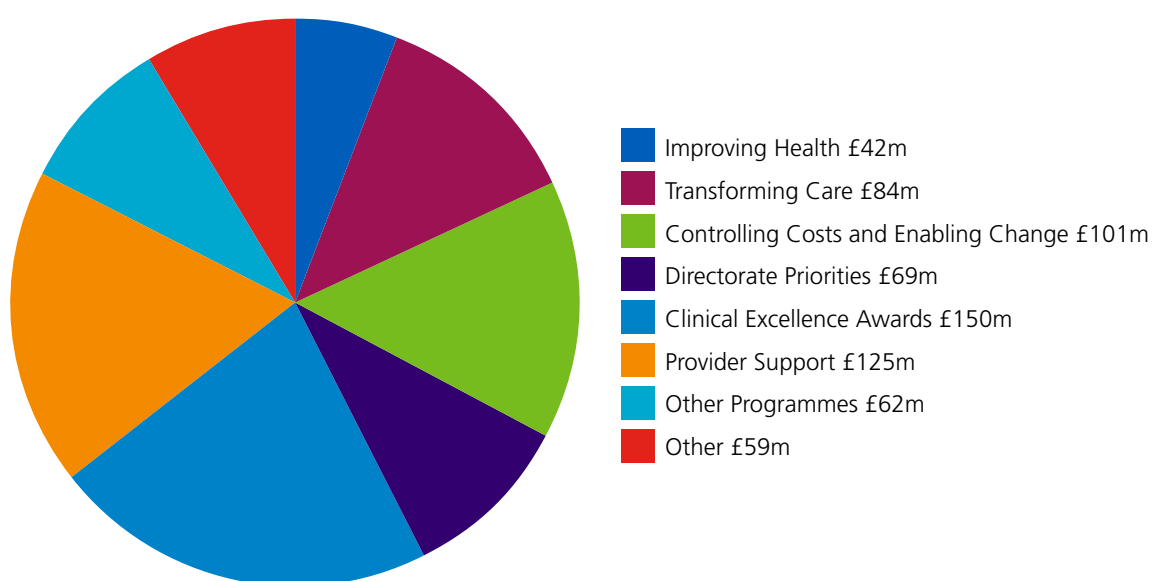
The diagram below shows how our programme costs are split across our directorates and central programmes:

**2016/17 NHS England programme budgets by directorate/central programme £million (£m)**



The business planning process ensures a clear alignment between the deployment of NHS England programme funding and the priorities identified at corporate and directorate level. The table below shows how the £692 million central programme funding is allocated to the priorities set out in the Business Plan:

**2016/17 NHS England programme budgets by corporate priority  
£million (£m)**



In addition to the funding above, we hold separately a new Sustainability and Transformation Fund of £1.8 billion to support the financial position of providers and a £0.3 billion fund for transformation 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 care models.



This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact **0300 311 22 33** or email **[england.contactus@nhs.net](mailto:england.contactus@nhs.net)**

