

**PRIVATE BOARD PAPER - NHS ENGLAND**

**Title:** *The Forward View: State of Mobilisation*

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**Rationale for this paper being discussed in the private session:**

To promote an open conversation about progress to date.

**Purpose of paper:** to update the Board on progress towards implementing the commitments made in the *Five Year Forward View* and *The Forward View Into Action: Planning for 2015/16*

**Actions for the Board:**

- To consider, and offer advice and steers.

## **Introduction**

1. This short note tees up a conversation about progress.
2. *The Forward View* (FV) is just that, not a Plan: a compass not a map'. Insofar as there may be a Five Year Plan in future, this would need to follow the Spending Review and the general election, e.g. late this autumn – rather than be written now.
3. But following Board discussion in December, we do have a set of joint published NHS planning commitments for 2015/16.
4. And NHS England's own forthcoming Business Plan for 2015/16, including Directorate plans, will articulate our own specific deliverables on the FV, as an integral part of our business for the year ahead.

## **Who is doing what?**

5. We have now agreed lead roles and responsibilities with our Arms Length Body (ALB) partners. Partnership is critical, and we want to avoid inadvertently attenuating the inputs of supporting cast members. Equally we need to make sure that an identified single organisation and single individual is very clearly empowered and accountable for coordinating the partnerships, driving design and implementation.
6. Within NHS England, we have now also agreed sole lead National Directors for each FV commitment – whether we are the lead ALB, or a contributing partner. Where the lead, each national director is accountable for set up, initial mobilisation, design and ensuring subsequent delivery.

## **Where are we?**

7. The annexed tracker indicates at a high level the state of mobilisation.
8. The intention of the central co-ordination team is to progress-chase full mobilisation as quickly as possible, so that for each commitment there is (i) clear governance; (ii) confirmed resourcing, including the requisite people actually in post; (iii) visible documentation of project/programme initiation with a high level work programme.
9. In places the *FV* re-articulated existing planned work programmes, e.g. much of the work of the National Information Board. For new programmes, the pace and scale of mobilisation and 15/16 delivery is variably contingent on the outcome of the NHS

England programme budget round. That is in train, and is challenging. Last autumn we needed to crack on with the organisational alignment programme, rather than reopen administrative dispositions to reflect better the *FV* commitments. Some of the *FV* work is being progressed through reprioritisation within those dispositions; however, we also recognised that the resourcing of teams to begin to take forward new commitments would also be contingent on programme resourcing. And that once programme resourcing was secured, it would take time to recruit to new teams.

10. Some of the commitments are much more important than others: our 'big bets'. Across NHSE, we are focusing our energies accordingly, on mobilising the most important new workstreams; e.g. a fair amount of thinking and planning has been done in NHS England, for Public Health England (as the lead partner) and with Diabetes UK, on a new national diabetes preventative programme. In many areas where governance or Project Initiation Documents (PIDs) are not yet sorted, conversations are nonetheless progressing well with partners.
11. So, mainly as expected and intended, the picture on mobilisation is not uniform. Our challenge is to get into the best possible position by the end of March. Over the coming few months we clearly have a large amount to do across many fronts, to complete the job of consistently set up the work well: framing it right; in partnership with others, and agreeing their contributions; confirming resources; bringing the rights skills and capabilities to bear; articulating engagement and analytical methods; and constructing visible documented work programmes and deliverables for 2015/16 as year 1 of multi-year programmes.

### **Where are we on care models?**

12. Progress on getting going on new care models is moving as quickly as planned.
  - We fleshed out the approach in the December planning guidance, following the Board Time Out session in November;
  - Sam Jones, current HSJ provider CEO of the year, has been recruited from West Herts NHS Trust and she started full-time on 19 January. Sam is focusing on rapid recruitment of a top quality team with NHS credibility, and various thinking and doing skills.
  - Sir Sam Everington, chair of Tower Hamlets Clinical Commissioning Groups (CCG), has agreed to be a part-time adviser.
  - Don Berwick is acting as international adviser. With Simon, he ran a session on learning from other countries at the Kings Fund on 23 January.
  - We are acting in concert with Monitor and TDA, and the programme Board meets in February to review registrations of interest.
  - We have support, and much promise of input, from myriad partners.
  - We have an emerging strawman national support programme, based on productive discussions with existing integration pioneers.

- thinking about investment strategy is developing; and
- NHS interest in Multi-speciality Community Provider and Private Acute Community Systems in particular is very high indeed, with the latter dominating acute thinking about strategic options perhaps more than it ought.

### **What's the overall governance?**

13. To assist and steer the SROs on specific commitments and work programmes, we will have an oversight group of the CEOs of the six ALBs, the NHS Forward View Coalition group of stakeholders, and underpinning boards.
14. The CEO Board will on a quarterly basis review progress across the totality of *Forward View* commitments.
15. An advisory group drawn from a wide constituency of stakeholders across the statutory and non-statutory landscape makes up the 'Forward View Coalition'. It met in December and was well attended.
16. A further group of NHS CC, the Confederation, NHS Providers and the Local Government Association is being established.
17. A number of charities have approached NHS England to express their interest in forming a partnership board that could spearhead VCS engagement in implementation of the *Forward View*. It is anticipated that this board would both fulfil an integrative function, making sure that a consistent approach to the voluntary and community sector is built in across all workstreams, and take a leadership role on specific commitments where the sector is best placed to achieve impact.

Board	Lead organisation	Chair	First Meeting	Frequency	ToR developed
NHS Forward View Coalition	The 6 (FV team support)	Simon Stevens	12 December 2014	Quarterly	<i>In progress</i>
CEO Board	The 6 (FV team support)	Rotating	5 December 2014	Monthly	<i>In progress</i>
VCS Partnership Board	VCS	TBC	TBC January 2015	Quarterly	<i>In progress</i>
National Quality Board	CQC & NHS England	Mike Richards Bruce Keogh	TBC	Quarterly	<i>In progress</i>
Prevention Board	Public Health England	Duncan Selbie	January 2015	Quarterly	Yes
Models of Care Board	Monitor & NHS England	Adrian Masters Ian Dodge	February 2015	As required	Yes
National Information Board	NHS England	Tim Kelsey	Already in place	Monthly	Yes
Workforce Board	Health Education England	Ian Cumming	TBC	TBC	Yes
Cancer Board	VCS	Harpal Kumar	January 2015	4-6 weekly	Yes

18. We may also establish a mental health board.
19. In order to ensure co-ordination across the entire *Forward View* programme, the Strategy Group under Michael Macdonnell is establishing a pan-agency programme management function that will maintain an overview of all work in progress. This small team will provide high-level tracking and co-ordination, shared communication and secretariat support to the CEO board and the NHS Coalition. It will also take responsibility for facilitating alignment and integration across workstreams.

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