

BOARD PAPER - NHS ENGLAND

Title: NHS England Business Plan Development
Lead Director: Karen Wheeler, National Director: Transformation and Corporate Operations
Purpose of Paper: The purpose of the paper is for the Board to discuss and agree the overall shape of the business plan.
The Board is invited to: The Board is asked to review the high level content under the corporate priorities and give an early steer, particularly as to whether any expected areas of work are missing.

**NHS England Business Plan Development
Board Meeting 20 November 2015**

1.0 Approach and progress

1.1 This year we have integrated our NHS England business planning, finance and NHS planning processes to cover:

- What the NHS needs to do to deliver our priorities for the system
- What NHS England needs to do to enable and support the NHS to deliver
- How we prioritise and allocate our funding.

This paper and accompanying slides gives an early high level view of the shape of next year's NHS England business plan content.

1.2 Corporate priority leads and National Directors have provided their high level deliverables for the next three years so we can form and agree an overall shape for the plan, framed around the existing four themes and ten corporate priorities. This is based on an assumption of -10% programme funding, through that's to be confirmed through the Spending Review.

1.3 More detailed financial and delivery information is due to be returned by the end of November to form the basis of a three year delivery plan and funding allocations, and to enable drafting of the published business plan document.

2.0 Timeline

Development and alignment of costed plans

20 Nov - Board to discuss business plan development

25 Nov – Spending Review announcement

27 Nov – final business planning information submitted

Prioritisation and allocation of funding

30 Nov – Mandate published

01 Dec - Executive discussions around funding allocations commence

17 Dec – Board approve NHS England group allocations

28 Jan – NHS England programme allocations confirmed

28 Jan – Board review second iteration of proposed business plan content

Document development and publication

25 Feb – Board receives draft of public-facing document

31 Mar – final Board approval and publication.

3.0 High level shape

3.1 The following slides (Annex A), outline for each of the ten corporate priorities;

- The strategic drivers i.e. which Five Year Forward View or Mandate commitments the priority delivers;
- The expected outcomes i.e. what are the changes that will result from delivery of the priority; and
- The priority's key themes of delivery for 2016/17 and onwards.

3.2 Additions to last year's business plan include:

MANAGEMENT IN CONFIDENCE

- Planning and legal requirements associated with bids for **devolution**, under the Whole System Change and Financial Sustainability corporate priority;
- Work on **seven day services**, under the Strengthening Primary Care and Redesigning Urgent & Emergency Care priorities;
- Work to implement recommendations from the **maternity** review, under the Timely Access to High Quality Elective Care priority; and
- **Patient self-care** under Foundations for Improvement (Supporting Patient and Public Participation).

6.0 Actions requested

- 6.1 The Board is asked for their comments and steer on current shape of the plan and high level content of the corporate priorities at Annex A, particularly as to whether any expected areas of work are missing.

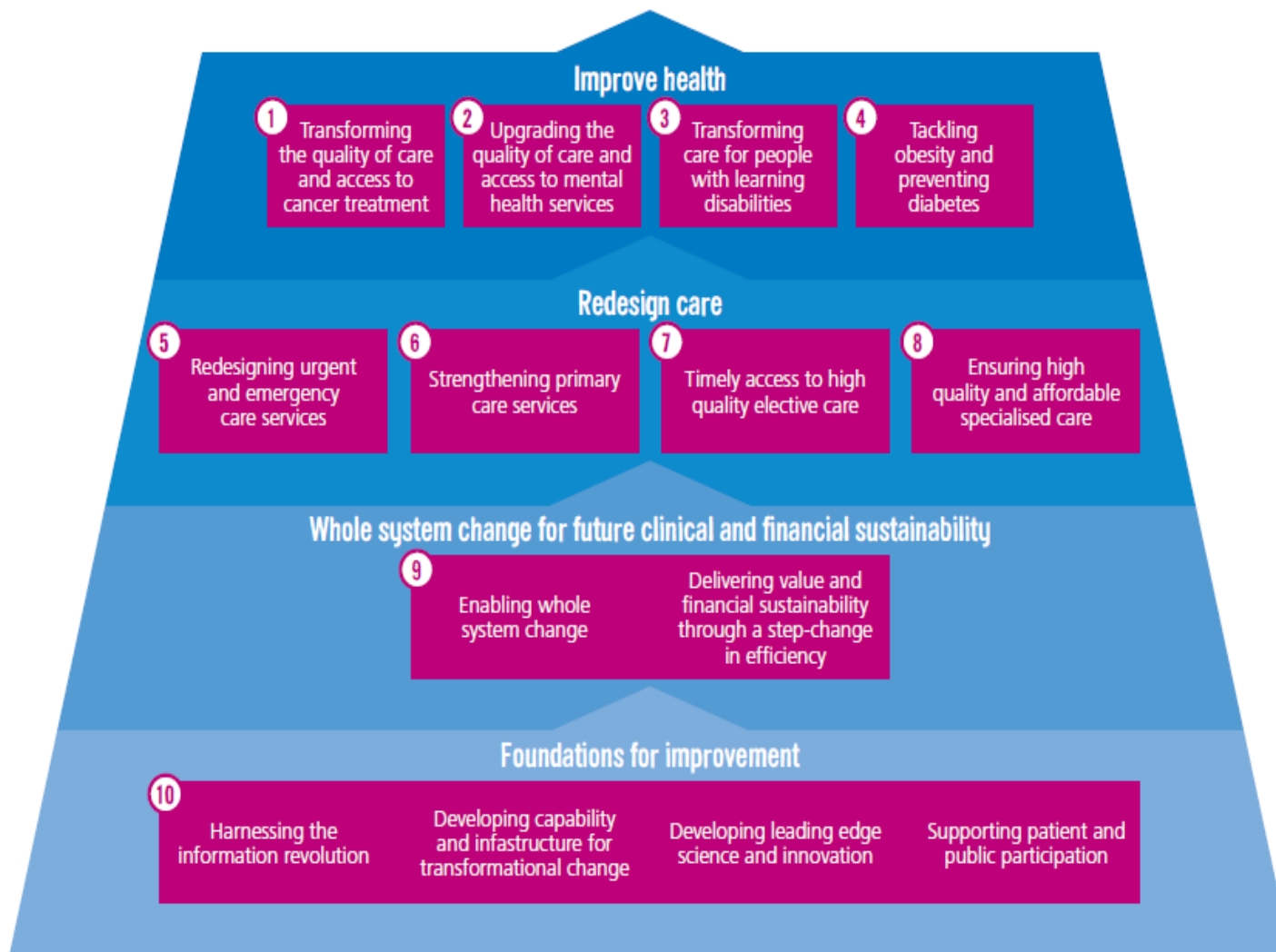
Author: Karen Wheeler, National Director: Transformation and Corporate Operations
Date: November 2015

Board Report Annex A

Summary of Priorities for 2016-19

Draft for discussion

High quality health and care now and for future generations



Improving the quality of care and access to cancer treatment (BK)

Strategic Drivers:

The Five Year Forward View set out what the vision for change in the NHS over five years would mean for people with and at risk of cancer, focussing particularly on better prevention, faster diagnosis and better treatment and care for all. In January 2015, an independent taskforce was established to put detail on the five-year plan for cancer services. The taskforce reported in July, and the focus of this priority is how we propose to take forward implementation of the recommendations.

Outcomes:

The Taskforce proposed a set of ambitions for cancer services in England. Those listed below in bold are the areas which we will be able to tell we have had an impact on within a five-year period:

- ✓ Fall in age-standardised incidence of cancer, and a reduction in the number of cases linked to deprivation
- ✓ **Increase in 5 and 10 year survival**
- ✓ **Increase in one-year survival, with a reduction in CCG variation**
- ✓ **Reduction in survival deficit for older people**
- ✓ **Continuous improvement in patient experience with a reduction in variation**
- ✓ Continuous improvement in long-term quality of life (unable to measure yet)

Key themes of delivery 2016-19

We will:

- Implement the NHS England Cancer Taskforce recommendations
 - Deliver earlier and faster cancer diagnosis, including exploring new service models, increasing diagnostic service capacity and developing a new waiting times standard of four weeks to definitive diagnosis
 - Make progress in establishing patient experience on a par with clinical effectiveness and safety, beginning to exploit the opportunities for the digital revolution, and readying the system for robust assessments of patient experience
 - Improve the quality of life for people living with and beyond cancer by establishing a Living With and Beyond Cancer Initiative and by March 2017: rolling out the recovery package, putting in place a new quality of life metric for cancer patients and incentivising stratified follow up pathways
 - Invest in high-quality; modern cancer services, including instituting a new system for accessing cancer drugs, developing a new genomic laboratory infrastructure, and ensuring specialised services are fit-for-purpose.
 - Improve processes of and for commissioning, provision and accountability through
 - Reinvigorating cancer leadership, the establishment of Cancer Alliances and the national leadership team,
 - Bringing together a one-stop shop for cancer data
 - Exploring the potential for whole pathway approaches and pooled budgets through the cancer vanguards
 - Make progress in tackling inequalities, including tackling unwarranted variation in clinical outcomes for younger people and older people, and increasing understanding of inequalities in experiences for different population groups.
- www.england.nhs.uk

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

Strategic Drivers:

The Five Year Forward View sets out the vision for addressing the inequality and improving outcomes for mental health focussing particularly on better prevention, increased early access to treatments and crisis care, integrating care to reduce premature mortality and new ways of delivering services. An independent taskforce has been established to put detail on the five-year plan for mental health services. The review will in November 2015 and the focus of delivery in 2016/17 onwards will be the planning and implementation of the recommendations.

Outcomes:

- ✓ Increasing access for people to the right services at the right time
- ✓ Reduction in access and waiting times for services
- ✓ Maintain the national dementia diagnosis rate at 67%
- ✓ Better commissioning of mental health services for people with a new, re-emerging or acute mental health conditions
- ✓ Reduced numbers of children and young people requiring inpatient beds

Key themes of delivery 2016-19 :

We will:

- Plan and implement the recommendations of the Mental Health Taskforce
- Extend the implementation of access and waiting times
 - Develop standards for child and adolescent mental health services, self-harm, personality disorder
 - Implement access and waiting time standards for perinatal mental health, dementia and crisis and acute care phase 1
- For Children and Adolescent Mental Health
 - Develop, assure and publish CCG local transformation plans that are updated annually
 - Have collaborative commissioning plans in place for tier 3 and tier 4 CAMHS for every CCG by 2017
- For Dementia
 - Implement and monitor local transformation plans, to deliver improvements by March 2017
- Implement plans to provide 24/7 community-based crisis resolution home treatment teams and all-age liaison mental health services in A&E, and plans to ensure that police cells are no longer used as a place of safety for children and young people following detention under S135 & 136 of the Mental Health Act and only exceptionally for adults by April 2017.
- Improve service infrastructure through
 - Launching a new mental health payment approach for adults
 - Implementing new and improved datasets to ensure the measurement of outcomes and quality
- Support the integration and expansion of three types of provision: 1) community forensic teams 2) assertive outreach teams and 3) community rehabilitation teams to ensure they meet needs and optimal clinical standards and / or have enough of a recovery focus.
- For Personalisation
 - co-produced care plans, increased self-management, choice and control (deliverables to be developed)

New

- Responsiveness and respect including secure in patient and military veterans
- Evidence Based Mental Health Pathway (Nursing)
www.england.nhs.uk

Transforming care for people with learning disabilities (JC)

Strategic Drivers:

The Five Year Forward View sets out the vision for improving the health outcomes for people with learning disabilities, through focussing particularly on rolling out care and treatment reviews and implementing new service models. There have been major improvements in the support and care for people with learning disabilities over several decades but there remains much more to do and this continues to be the case during the next 3 years.

Outcomes:

- ✓ To align the health, wellbeing and care for people with learning disabilities with that delivered to the general population
- ✓ Improve the quality of care for people with Learning Disabilities
- ✓ Ensure that staff have the right skillset to provide the right care packages
- ✓ More people with Learning disabilities to be looked after in the community, be able to integrate as part of their wider community and maintain relationships with family and friends.
- ✓ Ensure patients, their families and carers have the information they need to understand the impact of the health and social care services they access

Key themes of delivery 2016-19 :

We will:

- Implement the agreed national plans for transforming specialist services
- Increase take-up of appropriate diagnostics & screening services and the impact of acute liaison services
- Strengthen and embed education, health and care planning for children with learning disabilities
- Design and implement early intervention models for children and young people
- Develop and implement the approach to strategic information and transparency to support and enable learning disability activities
- Mobilise and start to implement new provider models which will provide more community based service

New

- Primary Care for people with learning disabilities
 - Increase completeness of people with learning disabilities on GP registers
 - Reduce Primary Care prescription use of anti-psychotic medication
 - Increase the take up of AHC and preventative screening
- Autism policy (new role within NHS England)

Tackling obesity and preventing diabetes (BK)

Strategic Drivers:

We have a Mandate commitment to prevent people dying prematurely and to make prevention a priority for patients and staff through encouraging behaviour change we aim to delay or prevent the onset of disease, reduce variation in its early treatment and reduce the incidence of complications. The Five Year Forward View commits to a vision that England will become the first country to implement at scale a national evidence-based diabetes prevention programme. Additionally, in recognition that England currently has the second highest rate of TB in Europe, the Collaborative TB Strategy (issued jointly with Public Health England) sets out the development of latent TB testing and treatment services for new UK entrants from high risk countries.

Outcomes:

- ✓ Reduce the incidence of Type 2 diabetes and the incidence of complications associated with diabetes: heart, stroke, kidney, eye and foot problems related to diabetes;
- ✓ Reduce health inequalities in access to services and the outcomes achieved associated with the incidence of diabetes.
- ✓ Reduce variation in the degree of onset of preventable disease in relation to Diabetes, TB, and CVD and the variation in premature mortality for individuals with learning disabilities.
- ✓ Reduce the variation in delivery of the 8 diabetes care processes.
- ✓ Increase the take-up of structured education for individuals at risk or diagnosed with Type 2 diabetes.
- ✓ Reduce the incidence of TB in England

Key themes of delivery 2016-19 :

We will:

- Deliver the National Diabetes Prevention Programme in three phases over the next three years
- Increase take-up of structured education for individuals at risk or diagnosed with Type 2 diabetes
- Reduce variation (or take-up) in delivery of 8 care processes
- Reduce complications including amputations

New

- Implement the collaborative TB strategy through clinical best practice and service models that support reduction in premature mortality by working with Strategic Clinical Networks
- Continue to support the commissioning of behavioural change interventions in the NHS for patients and staff, in line with NICE guidance, with respect to smoking, alcohol, obesity and physical activity

Strategic Drivers:

The Urgent and Emergency Care Review set out a vision for change for people with: 1) urgent but non-life threatening needs the provision of highly responsive, effective and personalised services outside of hospital; 2) more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and a good recovery. Implementation of phase 3 of the UEC review, will be led through UEC Networks which were set out in the Five Year Forward View.

Outcomes:

- ✓ Better support for people to self-care
- ✓ Help people with urgent care needs to get the right advice in the right place, first time, including recommendations for new ambulance response standards
- ✓ Highly responsive urgent care services outside of hospital
- ✓ Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
- ✓ Connect all urgent and emergency care services so the overall system becomes more than just the sum of its parts, including the development of new outcome measures and metrics (including a patient satisfaction survey) and implementation of a new payment regime for urgent care

Key themes of delivery 2016-19 :

We will:

- Continue to develop and improve the NHS 111 telephony platform that facilitates the ongoing free of charge 111 service that is integral to the new integrated urgent care system
- Ensure a sustainable workforce within the NHS 111, urgent and unscheduled arena with the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and drive improvements for patients and the public
- For out of hospital urgent care establish a clinical network to ensure consistent and safe clinical standards are applied nationally.
- Develop a set of indicators / single framework for measuring and reporting on system outcomes for urgent and emergency care to enable U&EC networks and SRGs to assess their effectiveness
- 7 day services – to be confirmed

New

- Ensure a clinically appropriate response by ambulance services to 999 calls

Strengthening primary care services (BH)

Strategic Drivers:

General practice is under considerable pressure at present, and as the statutory commissioner, we need to take steps to secure high quality of general practice for population. The new models of care set out in the Five Year Forward View will need to be built around strong foundations in general practice working at scale as part of a wider more integrated set of services and the mandate from the government has asked us to improve access within general practice and dentistry.

Outcomes:

- ✓ Improved access, as measured by the proposed new data collection and the GP Patient Survey
- ✓ Delivery of £2.2 billion productivity savings within primary care.
- ✓ Transformation of service models, supported by investment in estates, technology and workforce

Key themes of delivery 2016-19 :

We will:

- Improve access to general practice services and continuity of care, as part of delivery of 7 Day Services
- Review core GP funding, and give CCGs more influence over the way NHS primary care services are planned
- Increase the primary care workforce in partnership with HEE, and other partners; and stimulate new workforce models
- Invest in primary care infrastructure (estates and technology)
- Deliver new models of care, linking in with the urgent and emergency care review and pharmacy reform

New

- Develop new metrics for general practice services, to support peer to peer improvements in quality and public transparency
- Support struggling practices and establish a development programme to support practices improve access, use of technology, productivity and build the foundations for new models of care
- Take steps to reduce unnecessary bureaucracy in general practice

Strategic Drivers:

The NHS Constitution outlines the rights of patients to access elective services which promise patients a limit on any wait for hospital tests, outpatient care or planned operations. Timely referrals for treatment save lives and improve the chances of better outcomes for patients. It is more than timely care; it is also about access to high quality services with patients offered choice about where they are treated and what that treatment should be. In addition, as part of the Five Year Forward View, an independent national review of maternity services was agreed. The review will be completed by the end of 2015 and there will then need for a programme to implement the recommendations.

Outcomes:

- ✓ Achievement of all RTT standards, nationally and locally
- ✓ More patients offered choice of where they are treated and what the treatment should be
- ✓ Reduction of unwarranted variation in surgical treatments offered
- ✓ Increased use of shared decision making
- ✓ Routine personalised risk assessment in primary care
- ✓ Spread and take up of enhanced recovery principles
- ✓ Increased productivity (day case rates, Lean methodology, productive operating theatre)

Key themes of delivery 2016-19 :

We will:

- Support the transformation of elective care - for example, by improving patient choice (both choice of provider and choice of intervention); developing a new tiered model for minor, intermediate and specialised surgery centres; and increasing day case surgery rates. In future years we will also support the development of alternative elective care models, e.g. elective factories.
- Support intelligence to forecast demand and ensure standards are met through the introduction of a new diagnostic four-week standard; the development of a telephone advice line service; the introduction of electronic referral service; and strengthening links with the independent sector.
- Support delivery by, for example, improving elective planning and delivery; ensuring the operational standards are met for planned care; delivery of the 4 week diagnostic standard; and improving shared regional performance packs & shared intelligence.
- Implement the roll-out of 'Right Care' and work with the integrated cancer board and cancer waiting times taskforce to develop further areas of good practice to improve and sustain cancer performance, embedding these priorities to achieve 100% compliance.
- Complete Maternity review and plan to deliver its recommendations.

Ensuring high quality and affordable specialised care (BH)

Strategic Drivers:

NHS England has a statutory responsibility to commission national Specialised Services. In addition, through the Five Year Forward View we need to look to specialised providers to develop networks of services over a geography, integrating different organisations, focussing around patients and using innovation. Leading to greater standardisation and therefore reduction in mortality and length of stay for patients.

Outcomes:

- ✓ Better and more transparent information, including patient insight
- ✓ Improving the quality and access of commissioned services
- ✓ Cost effective treatments from the most capable providers for our patients
- ✓ Fair and timely decisions about what will be commissioned and for whom whilst engaging with NICE and others to find ways to both introduce cost effective new treatments within available budgets and stop the commissioning of less effective treatments.

Key themes of delivery 2016-19 :

We will:

- Create sustainable specialised services through the delivery of collaborative commissioning arrangements.
- Implement business intelligence infrastructure and tools through CSU support to outcome-based commissioning.
- Implement outcome based commissioning which used patient insight and robust and timely service intelligence.
- Deliver and embed a quality assurance processes for specialised services supported by quality dashboards.
- Continue the delivery of the 3 year rolling programme of service reviews ensuring we are commissioning cost effective treatments from the most capable providers
- Deliver a rolling programme of clinical policy evidence reviews delivered ensuring the most appropriate services are commissioned for our patients.
- Support for the developed and continued delivery of efficiency saving delivered by QIPP (circa £340m pa).
- Deliver a rolling programme of peer reviews delivered for services where there are variations in quality of care.
- Implement the Congenital Heart Disease standards.

New

- Deliver support for specialised services to cancer, mental health and Learning disabilities and new care models.

Whole system change for future clinical and financial sustainability (ID & PB)

Strategic Drivers:

The Five Year Forward View sets out how the health service needs to change to meet new challenges. It includes a vision of a better NHS, the steps we need to take, and the actions we need from others to achieve this focussing on particularly on innovation in the delivery of services through the creation and adoption of new care models and pioneer programmes, integrated personalised commissioning, implementation of the Better Care Fund and devolution. We are also providing leadership to the NHS so that individual organisations can realise their own internal efficiency gains whilst supporting optimisation of the whole system and reducing the demand placed on the NHS as a whole in order to ensure delivery of the £22bn efficiency required for future sustainability.

Outcomes:

- ✓ Improving the health and wellbeing of local populations
- ✓ Improve the quality of care for all patients through designing new ways to provide care
- ✓ Drive better value for money

Key themes of delivery 2016-19 :

Whole system change

We will:

- Deliver the New Care Models and Pioneer programmes
- Deliver the Integrated Personalised Commissioning / Personal Health Budgets / Choice
- Implement the next phase of the Better Care Fund
- Deliver the planning and legal work associated with bids for devolution

Financial sustainability

We will:

- Through Future Focused Finance, improve access to the relevant skills, methodologies and opportunities to influence decision making and delivery in support of high quality patient services for everyone connected with NHS finance
- Implement the Right Care approach across all CCGs and progress other routes to maximise efficiency
- Develop a National Tariff System jointly with Monitor that focuses on payment models that underpin the development of New Care Models and also includes smaller spend on development of currencies such as Palliative Care and Mental Health.

New

- For Continuing Healthcare
 - Develop and implement the plan for Previously Unassessed Periods of Care including performance management system,
 - Develop and implement a system for assurance of Continuing Healthcare
 - Support NHS England to improve the commissioning of packages of care, including Funded Nursing Care

Foundations for improvement (KW, TK and ID)

Strategic Drivers:

The Five Year Forward View sets out how the health service needs to adapt to take advantage of the opportunities that data, science and technology, alongside other innovation can provide to patients, carers and those who serve them. It also set out that we need to do more to support people to manage their own health, make informed choices of treatment, manage their conditions and avoid complications. To facilitate the transformational change across the system, at local and organisational level, the NHS needs to work together across the system, on the underlying capabilities and mechanisms needed to support delivery.

Outcomes:

- ✓ Better use of data and technology to improve accountability, choice and outcomes for all patients
- ✓ Improve access for the patient to clinical advice, information about their condition and history
- ✓ Support people to manage their own health and stay healthy
- ✓ Accelerating innovation in the NHS by speeding up the adoption of cost effective and affordable new treatments and diagnostics

Key themes of delivery 2016-19 :

Capability and infrastructure	Science and innovation
<p>We will:</p> <ul style="list-style-type: none"> • Work with NHS Improvement and partners to implement structured support for developing the necessary <u>leadership capability</u> to lead new care models and complex system change. • <u>Work with partners and Property Services on infrastructure changes</u>, including estates, to release costs and support new care models and FYFV ambitions • <u>Manage the NHS England and commissioning system through changes</u> to the commissioning landscape, such as devolution and co-commissioning • Complete the work to <u>strengthen NHS England core processes and capabilities</u>, so it can lead and deliver the FYFV changes 	<p>We will:</p> <ul style="list-style-type: none"> • Continue to deliver the <u>sequencing 100,000 whole human genomes</u> by the end of 2017 • Establish a <u>central medicines, genomics and personalised medicine policy</u> coordinating function to ensure we adopt a more strategic and coherent approach to medicines, genomics and personalised medicine policy • Through <u>Academic Health Science Networks</u> deliver national programmes of work that support the achievement of the Five Year Forward View such as test beds, Small Business Research Initiative (SBRI) for Healthcare • Healthcare UK
Information revolution	Patient and public participation
<p>We will:</p> <ul style="list-style-type: none"> • Meet the commitments set out in the <u>National Information Board framework</u>, including transforming health and care services to help citizens and patients make the right health and care choices, transform GP's use and uptake of technology • Implement <u>data service for commissioners</u> programme to enable commissioners to safely access and use data they need for commissioning purposes <p>New:</p> <ul style="list-style-type: none"> • Cyber security 	<p>We will:</p> <ul style="list-style-type: none"> • Improve the <u>Friends and Family Test</u> programme • Embed <u>person centred care</u> and support planning approaches for patients with long term conditions • Embed patient and public participation into NHS England's core business, including development of NHS Citizen • Support <u>active communities</u> and citizenship in improving health and care • Embed the <u>Public Participation Policy</u> and legal duty on Section 13Q <p>New:</p> <ul style="list-style-type: none"> • Establish a <u>Patient Self Care Programme</u>