



Department
of Health &
Social Care

Department of Health and Social Care

**Assessment of NHS England (the NHS Commissioning
Board) for 2017-18 and 2018-19**

Assessment of NHS England (the NHS Commissioning Board) 2017-18 and 2018-19

Presented to Parliament pursuant to Section 13U(6) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)

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Care and Transformation Directorate/Commissioning, Integration and Transformation Unit

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National Health Service Act 2006 (as amended) - section 13U requirements in relation to the Annual Report of the NHS Commissioning Board (known as NHS England) for the financial years 2017-18 and 2018-19

This Paper sets out my annual assessment of the National Health Service Commissioning Board's ("the Board's") performance, pursuant to section 13U(4) of the NHS Act 2006, covering the 2017-18 and 2018-19 financial years.

This period was covered by a multi-year mandate, which came into effect on 1 April 2017, setting long-term objectives and goals to 2020, and I have elected to base my assessment on delivery over the 2017-18 and 2018-19 financial years. I have considered the Board's Annual Report and Accounts for 2017-18 and 2018-19, which were laid before Parliament on 18 July 2018 and 11 July 2019 respectively. In accordance with section 13U(4), I have written to the Board's Chair, Lord David Prior, with my assessment of the Board's performance in the discharge of its functions for both financial years. A copy of the letter is enclosed with this Act Paper.

My letter to Lord Prior refers to the Board by its operating name, NHS England. The letter contains my assessment of the following matters specifically set out in section 13U(2)(a) to (c), as required in section 13U(5):

- (a) The extent to which the Board met any objectives or requirements specified in the mandate for the above years;
- (b) The extent to which the Board gave effect to the proposals for those years in that business plan.
- (c) How effectively the Board discharged its duties under sections 13E (duty as to improvement in quality of services), 13G (duty as to reducing inequalities) and 13Q (duty as to public involvement and consultation by the Board).

As is required under section 13U(6), I am laying a copy of this letter before Parliament today and will be publishing it on the GOV.UK website afterwards.

Rt Hon Matthew Hancock MP

Secretary of State for Health and Care

A handwritten signature in blue ink that reads "Matt". The signature is written in a cursive style with a long horizontal stroke at the end of the word.



Department
of Health &
Social Care

Rt Hon Matthew Hancock MP
Secretary of State for Health and Care
39 Victoria Street
London
SW1H 0EU
25 July 2019

Lord David Prior
Chair, NHS England
Skipton House
80 London Road
SE1 6LH

Dear David

Assessment of NHS England's performance against the multiyear mandate for 2017-18 and 2018-19.

I am writing to set out my assessment of NHS England's performance comprising the mandate reporting cycle of 2017-18 and 2018-19. As this was a multi-year mandate including long-term objectives and goals to 2020, it is fairer and more effective to base my assessment of performance over each financial year.

My assessment is based on evidence from NHS England's annual report and accounts for 2017-18 and 2018-19, available data, feedback from stakeholders, and discussions held with your team and wider stakeholders. The annex to this letter sets out in greater detail my review of performance against the objectives, deliverables and requirements in the mandate and shows compliance ratings for each year where applicable.

I begin by thanking colleagues at NHS England for the support they gave me during my first year as Health and Social Care Secretary. Their knowledge and guidance has helped

me understand the scale and complexity of the challenges the system faces and how we can work together to tackle them.

The NHS continues to meet the challenges of rising demand and ever more complex patient need; this is down to the commitment, compassion and professionalism of its 1.3 million staff. Their dedication has made the NHS one of the safest and best quality health systems in the world and I am committed to learning from their experience and expertise and placing this at the forefront of my decision making

As the NHS moves beyond the significant milestone of its 70th year, a bold and innovative vision is needed to ensure that the most valuable public service we have remains agile and responsive to the ever-changing needs of the patients it serves. I am therefore assured that the clinically-led NHS Long Term Plan sets out NHS England's strategy for utilising the increased funding of £33.9 billion a year in cash terms by 2023-24 that the Government has provided to nurture and safeguard our nation's health for generations to come. The Long Term Plan together with the Review of Clinical Standards will put the system back on the path towards delivering core performance, further improving in the quality of care, transforming cancer care, and meeting the aspiration to achieving parity of esteem for mental health. It will also set the future direction of the system and help to reduce unwarranted variation, ensure integrated care for people with health and social care needs, improve productivity and maximise benefits to patients for every pound spent.

I am confident that the NHS Long Term Plan will be a success because it is shaped by patient groups, professional bodies and frontline NHS leaders. To inform the plan NHS England led a far reaching consultation strategy that resulted in them overseeing 200 plus engagement events, 2,500 separate responses, insights offered by 85,000 members of the public and from organisations representing over 3.5 million people. This was an immensely complex task and I would like to convey my thanks and admiration for their ability to produce a plan that was broadly welcomed and reinforced a consensus on what changes to the system are needed now. I am particularly pleased to see progress being made to turn the Long Term Plan into reality in Primary Care through the agreement of an historic five year contract deal with the British Medical Association.

To arrive at a position where the ambitions in the Long Term Plan are realistically achievable, NHS England has delivered the majority of commitments set out in the Five Year Forward View and its multi-year mandate for 2017-18 and 2018-19.

I am pleased to see that over the mandate reporting cycles for each year, NHS England has made good progress in achieving its mandate deliverables. I would particularly like to recognise the efforts to prepare the NHS for winter. The system was supported with £420 million of Government winter funding which was used to make improvements to hospital facilities, purchase additional ambulances, and reduce pressures on beds by reducing delays in patients being discharged when needing support from adult social care. This helped support the system respond to the challenge of increasing demand for NHS

services. Nearly 385,000 more patients were seen within the 4-hour A&E waiting time standard during winter 2018-19 compared to the same period in 2017-18, an increase of over 5%.

Other notable achievements were: supporting CCGs to deliver over 54,000 Personal Health Budgets, meeting the commitment two years early, 1.5 million more people vaccinated against flu than in 2016-17, advances in embedding access standards for mental health, exceeding the Diabetes Prevention Programme commitment a year early with almost 105,000 on the programme and the early introduction of genomics into routine care.

NHS England also delivered against its full range of financial responsibilities to help ensure a broadly balanced position across the NHS. The NHS ended 2018-19, in a break-even position on revenue as there was a £90 million underspend, which comprised an overspend of around £830 million in the trust sector, offset by a £920 million underspend among commissioners.

However, core patient access standards set out in the NHS Constitution were not comprehensively met, including A&E, 62-day cancer and, in particular, the referral to treatment waiting time standard, where performance deteriorated over the period. While we recognise the NHS is seeing more people, more quickly than at any point in its history, timely access to safe, high quality services will remain a priority. In the context of the model of service described in the NHS Long Term Plan, the clinically-led review of NHS access standards will provide an objective assessment of how the current targets could be revised in the best interests of patients, to ensure they continue to incentivise and encourage improvements in care and outcomes. The interim report published in March 2019 outlines initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care and I look forward the final recommendations for Government agreement being published in the Spring next year.

Patients also expect to see further improvements in reducing the reliance on inpatient care for children, young people and adults with a learning disability and/or autism as the planned bed reduction of 35-50% by March 2019 has not been met. The NHS Long Term Plan recognises this and outlines how the NHS we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives. This includes a commitment of reducing inpatient provision by half by 2023-24 on 2015 levels on a like-for-like basis, taking account of population growth. For children and young people, no more than 12 to 15 children with a learning disability, autism or both per million, will be cared for in an inpatient facility.

Looking ahead, more joined up, preventive and person-centred service provision will be increasingly important to providing the right care, at the right time, in the right place. You have made swift progress here with the NHS model of comprehensive personalised care

including social prescribing. I welcome the changes that you are putting in place with NHS Improvement to align national and regional functions across the two organisations. These will provide strong leadership to improve services for patients, remove duplication, and better support local health economies and front-line staff.

Similarly, I am pleased to see the further progress being made on the integrating local care goals that were first set out in Next Steps on the NHS Five Year Forward View. The NHS is leading the way on this agenda in bringing together and empowering local areas. The New Care Models have delivered statistically significant reductions in emergency admissions. The NHS Long Term Plan Builds on this and commits that by April 2021, Integrated Care Systems will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships.

The past two years have also seen NHS England play a key role in supporting Government and the NHS in preparing for the UK's withdrawal from the European Union and ensuring a smooth and orderly withdrawal in the best interests of patients.

I am pleased to see NHS England's role in helping deliver my three early priorities of workforce, technology and prevention. On workforce, the interim NHS People Plan sets out a vision for how the NHS will continue to be staffed by a highly motivated workforce, receiving the highest quality training and support to reach their full potential and remain adaptable to future service demands. On prevention, the NHS Long Term Plan states how the NHS will do more to act on prevention and health inequalities and focus on preventative interventions which will keep people healthy and independent for longer and ensure sustainability into the future. And finally the NHS committing to support the Future of Healthcare; 'Our Vision for Digital, Data and Technology in Health and Care', and act as a key partner is ensuring that the NHS is the most advanced health system in the world, one where technology is effectively harnessed to meet the needs of patients, improving their experience and supporting staff to achieve the best possible outcomes. Alongside the long-term plan and the upcoming Government's Social Care Green Paper, these three priorities set out my vision for the future.

Finally, I would like to acknowledge the change of leadership during this reporting period and thank your predecessor, Professor Sir Malcolm Grant, for his stewardship as NHS England Chair. A great deal was achieved under his leadership and I look forward to working closely with you to continue to make the NHS the best health service in the world.

Rt Hon Matthew Hancock MP

Secretary of State for Health and Care

A handwritten signature in blue ink that reads "Matt".

Annex A

Assessment of performance against the Government’s mandate objectives for NHS England in 2017-18 and 2018-19

I am required by section 13U(5) of the National Health Service Act 2006 to assess, in particular, the extent to which NHS England has met its mandate and business plan objectives and requirements and fulfilled its duties to improve the quality of services, reduce inequalities and secure public involvement (section 13U(2) (a) to (c)). These are set out in more detail in Annex B of this document.

Where appropriate, my assessment sets out where relevant objectives or requirements are contained within the Government’s multiyear mandate to NHS England for 2017-18 and 2018-19.

Key to Assessment	
Deliverable description	Rating
The deliverable has been achieved.	Green
Evidence that the deliverable may not be achieved, that appropriate plans and actions have been taken to address performance and these will bring performance back within the next quarter.	Amber/Green
Evidence that the deliverable is not on track to be achieved, that appropriate actions and plans are underway to address performance and there remains a risk these will not bring performance back within the next quarter.	Amber/Red
Evidence that the deliverable is not on track to be achieved, that actions and plans are underway to address performance, but these will not bring performance back within the next quarter.	Red
Deliverable is no longer rated as the measurement of performance has changed or is no longer viable	Grey

Objective 1: Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.

Summary of outcomes

Giving local health systems the ability to accurately and transparently benchmark their performance has empowered them to unlock change in key areas and drive improvement in services. NHS England's annual publication of the Clinical Commissioning Group Improvement and Assessment Framework (CCGIAF) provided independent assessments on indicators relating to cancer, dementia and mental health. To ensure information is accessible, individual performance indicators continue to be regularly updated on the myNHS website, including those for cancer, dementia, maternity, mental health, learning disabilities and diabetes.

NHS England and NHS Improvement worked collaboratively to develop commissioner and provider planning priorities that support delivery of Next Steps on the NHS Five Year Forward View. An assessment of how NHS England has performed against its duty to reduce inequalities can be found in Annex B.

Objective 1: Supporting deliverables		
Deliverable description	Rating 2017-18	Rating 2018-19
1.1a) By July 2017, publish the results of the CCG improvement and assessment framework for 2016-17. This will continue to include independent assessment of CCG performance for each of cancer, dementia, maternity, mental health, learning disabilities and diabetes.	Green	Green
1.1b) With NHS Improvement, ensure commissioners and providers deliver their 2017-18 operational plans, which will deliver year one of locally agreed STPs.	Amber/Green	Amber/Green

Objective 2: To help create the safest, highest quality health and care service.

Summary of outcomes

The NHS continues to build on already high standards of safety and quality, as demonstrated through its performance on patient experience deliverables and work regarding its legal duty as to public involvement (assessed in detail in Annex B).

On cancer, most deliverables were achieved. It is encouraging to see more people coming forward with symptoms so that they can get a diagnosis and receive treatment early. However, this rise in demand has put more pressure on the system that has resulted in the cancer waiting standards for the two-week statutory and has resulted in the 62-day standard not been met by the end of 2018-19. The NHS Long Term Plan sets out NHS England's approach for directing the system so that it has the ability to better care for major health conditions like cancer and through improved screening, diagnosis and treatment so that survival rates continue to remain high.

Over the last year, the NHS has strived to meet the needs of individuals with a service where experience of care is seen as an integral part of overall quality. Another achievement is that NHS England has supported clinical commissioning groups to deliver over 925,000 personalised care interventions, including 54,143 Personal Health Budgets, meeting the commitment of 50-100,000 two years early.

For seven-day hospital services trusts continue to work towards achieving consistent clinical standards, so that patients admitted to hospital in an emergency have access to the same level of consultant review, diagnostic tests and treatment every day of the week. In April this year a more accurate and stringent assessment process was introduced to measure delivery of the four priority clinical standards. It is difficult to predict the effect this will have on trust performance while the new data is still being collated, and in light of that we have agreed not to rate the programme at this point.

The measurement on E.Coli bloodstream infections and the planned 10% reduction target was also amended in 2018-19 and not applicable for rating. Going forward NHS England will continue to work with NHS Improvement and provide adequate assurance to ensure that performance remains at the required level for these areas.

Objective 2: Supporting deliverables		
Deliverable description	Rating 2017/18	Rating 2018/19
Avoidable deaths and seven-day services		
2.1a) By working with NHS Improvement, rollout the seven-day services in hospitals four priority clinical standards to (1) 50% of the population by April 2018 and (2) the whole population for five specialist services (vascular, stroke, major trauma, heart attack and paediatric intensive care) by November 2017.	Amber/Green	Grey
2.1b) Work with NHS Improvement to ensure that providers improve transparency and public engagement in developing their service quality improvement plan, using data on adverse outcomes as a catalyst for positive change.	Amber/Green	Green
2.1c) Begin implementation of the Maternity Transformation Programme (MTP), including the Saving Babies' Lives care bundle.	Green	Green
2.1d) Continue to participate in the Leadership Development and Improvement Board and deliver actions agreed as part of the Leadership Development and Improvement framework	Green	Green
2.1e) Support the Government's ambitions on antimicrobial resistance by taking action to improve prescribing and surveillance and reduce E.Coli blood stream infections in line with performance set out in the quality premium indicator for 2018-19	Amber/Green	Grey
2.1f) Work with partners to ensure NHS services play their part in the Government's Prevent programme, including involvement of services in multi-agency processes and response to individuals' health needs.	Amber/Green	Green
Patient experience		
2.2a) Implement findings from phase 1 and 2 of the Maternity Experience Challenge Fund to strengthen the perceived value of and cultural approach to feedback, ensuring the effectiveness of the Friends and Family Test (FFT) alongside other sources of feedback to drive service improvements, and that any changes to the FFT guidance are put in place for April 2019.	Green	Amber/Green

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2.2b) Development and adoption of externally validated co-production improvement methodologies, including the rollout of Always Events in 100 providers by April 2018	Green	Green
2.2c) Develop proposals for how complaints, whistleblowing and wider feedback can be used more effectively to support patients, their carers and staff, to drive up quality and improve patient safety in primary care and specialised commissioning.	Green	Green
2.2d) Continue to make measurable progress to embed Personal Health Budgets for those with a legal right and expand their use in other groups, including wheelchair users, those with learning disabilities, and in end-of-life care and expand the Integrated Personal Commissioning programme.	Green	Green
2.2e) Increase the percentage of people identified as likely to be in their last year of life, so that their End of Life Care can be improved by personalising it according to their needs and preferences.	Green	Amber/Green

Cancer

2.3a) Set out clear priority milestones for 2018-19, building on Achieving World-Class Cancer Outcomes: Taking the strategy forward	Green	Green
2.3b) Achieve 62-day cancer waiting time standard and maintain performance against the other cancer waiting times standards	Green	Amber/Red
2.3c) Improve the proportion of cancers diagnosed at stages 1 and 2 over the previous year	Green	Green
2.3d) Work with partners across the cancer community to pilot an approach to measuring long-term quality of life for people living with and beyond cancer, and agree an implementation plan to begin data collection in 2018-19.	Green	Amber/Green
2.3e) Invest up to £340m in providing cancer treatments through the Cancer Drugs Fund (CDF), including those recommended by NICE for use in the CDF.	Green	Green

Objective 3: To balance the NHS budget and improve efficiency and productivity (working with NHS Improvement).

Summary of outcomes

NHS England, working with NHS Improvement, met its responsibility to ensure overall broad financial balance in the NHS over the reporting period. NHS England has shown leadership and provided stability and sustainability in the way funding is allocated throughout the system. With the introduction of a new joint operating model and aligned governance arrangements, NHS Improvement and NHS have been able to work more closely together and balance the systems financial position so it remains within mandate funding limits.

In 2018-19 NHS England and clinical commissioning groups delivered £3 billion of productivity and efficiency improvements, changing the way that they commission services, procure drugs and medical devices, and drive productivity in order to help meet the additional demands for healthcare at the front line. This included approximately £600 million of savings delivered through the RightCare programme.

Objective 3: Supporting deliverables		
Deliverable description	Rating 2017-18	Rating 2018-19
3.1a) Ensure overall financial balance in the NHS, working with NHS Improvement, which has statutory responsibility for trust financial control.	Amber/Green	Green
3.1b) Ensure that aggregate spending by commissioners (NHS England and CCGs) does not exceed mandate funding for 2018-19	Green	Green
3.1c) With NHS Improvement, before the end of the 2018-19 contracting round, provide formal assurance to the Department of Health and Social Care that operational plans deliver mandate objectives and are based on consistent, credible planning assumptions across commissioners and providers, or where not, agree and implement an action plan to address outstanding issues	Green	Amber/Green
3.1d) Ensure CCGs take steps to better manage demand in acute services through effective implementation of programmes including New Care Models, Right Care and Self Care.	Amber/Green	Amber/Green
3.1e) Measurable improvement in primary care productivity, including through supporting community pharmacy reform.	Amber/Green	Green
3.1f) Ensure commissioning aims are consistent with and support the delivery of provider productivity, including working with NHS Improvement in securing Carter efficiency savings and reducing spend on agency staff.	Amber/Green	Amber/Green
3.1g) Support the Department of Health to take forward the Government's commitment for the NHS to recover up to £500m from overseas chargeable patients, including by: providing an assessment, by August 2017, of the barriers to CCGs assuring themselves that providers are identifying chargeable patients, and making recommendations for tackling those barriers.;	Amber/Green	Amber/Green
working with NHS Improvement, ensuring CCGs contribute to efforts to maximise cost recovery within an initial cohort of 20 trusts identified by NHS Improvement, and disseminating lessons learned across the country.;		
3.1h) With NHS Improvement, ensure that every STP makes progress with developing a strategic estates plan that is	Green	Amber/Green

consistent with progress towards the 2020 national goals

Objective 4: To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.

Summary of outcomes

NHS England has worked alongside system partners to focus on the prevention of ill-health, so people live longer, healthier lives. This has laid some significant foundations for the NHS to embed a much more prevention-orientated approach as the Long-Term Plan is implemented to improve health, prevent care needs and make major inroads in tackling health inequalities. Examples include devising and planning for the CVDPREVENT primary care audit that will extract data covering diagnosis and management of 6 high risk conditions that cause stroke, heart attack and dementia, and will support GP practices to optimise treatment of high risk conditions.

This commitment included contributing to the Government’s goal to reduce childhood obesity and doing more to reach the five million people at high risk of diabetes. Another success on the Diabetes Prevention Programme, where NHS England has exceeded the mandate commitment to have up to 80,000 people on the Diabetes Prevention Programme during 2018/19, with almost 105,000 having received an initial assessment.

There have been successes in early interventions with dementia diagnosis, where the rate continues to be met consistently. The introduction of implementation guidance and resource packs for dementia care in July 2017 has helped establish what good quality assessment, diagnosis and care looks like. However, delays to publishing coding guidance for the dementia pathway implementation guidance resource pack has resulted in difficulties in monitoring referral to treatment times for dementia. NHS England is working closely with NHS Digital to rectify this and is focused on supporting its use across the system to improve the quality of dementia care.

Objective 4: Supporting deliverables		
Deliverable description	2017-18 Rating	2018-19 Rating
Obesity and Diabetes		
4.1a) With the Department of Health, set out, by September 2017, NHS England’s	Amber/Green	Amber/Green

contribution to the Government's childhood obesity plan.

4.1b) At least 60,000 people referred to the Diabetes Prevention Programme.

Green

Green

4.1c) Fund, and deliver with Public Health England, a programme from April 2017 to March 2019, that will support the implementation of identified preventative interventions at scale by the NHS, in collaboration with local health and care partners.

Amber/Green

Green

Dementia

4.2a) Maintain a minimum of two thirds diagnosis rates for people with dementia.

Green

Green

4.2b) Continue to develop an evidence-based framework for a national treatment and care pathway and agree an affordable implementation plan for the 2020 Dementia Challenge, including to improve the quality of post-diagnosis treatment and support.

Green

Amber/Red

Objective 5: To maintain and improve performance against core standards.

Summary of outcomes

Increased levels of demand impacting on both elective and non-elective admissions, compounded by winter, has meant a challenging reporting period for maintaining performance against core standards for both 2017-18 and 2018-19. The NHS Planning Guidance for 2018-19 set out further measures to improve performance as a first step towards recovery. However, at the end of 2018-19 the NHS was still off track to meet these targets. It is anticipated that the Clinically-led Review of NHS Access Standards will seek to address this and help get the service back on track to meet the NHS Constitution standards.

NHS England, working alongside local government, has made significant progress in reducing the number of patients experiencing a delayed transfer of care with a reduction of 2,046 fewer people delayed every day in comparison to February 2017. It is projected that NHS England working with Local Authorities will hit the target of 4,000 daily delays later in 2019, based on both 12-month projections.

The Ambulance Response Programme review was published in September 2018 and demonstrated successful implementation across all mainland ambulance services in England.

Other successes in improving access include an increase in clinical input into 111 calls, the implementation of front-door streaming models and freeing up A&E departments to care for the most urgent patients. A&E departments saw more patients within four hours., but patient flow continues to be compromised, particularly given the large number of patients who remain in hospital for 21 days or more.

Objective 5: Supporting deliverables		
Deliverable description	2017-18 Rating	2018-19 Rating
5.1a) Co-implement the agreed A&E recovery plan with NHS Improvement and deliver aggregate A&E performance in England above 90% in September 2017, with the majority of trusts meeting 95% in March 2018, and aggregate performance in England at 95% within the course of 2018, including by: making A&E streaming mandatory throughout the system; ensuring all care home residents at risk of admission to hospital are first seen by a GP or ambulance 'see and treat' model; implementing the agreed process to address hospital bed capacity issues; and implementing changes to ambulance and 111 delivery models to reduce the rate of growth in demand for A&E services.	Amber/Red	Red
5.1b) Agree a plan for staged rollout of integrated urgent care to 2020 and implement for 2017-18.	Green	Green
5.1c) With NHS Improvement, meet agreed standards on A&E, ambulances, diagnostics and referral to treatment.	Red	Red
5.1d) Working with NHS Improvement and local government partners, reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to 3.5% by September 2017 (recognising existing variation between areas) by:	Amber/Green	Amber/Green
Setting clear trajectories for improvement for each area, based on previous performance.		
Ensuring that each area fully implements evidence-based approaches to reducing delays, including a 'discharge to assess'		

model, and a 'trusted assessor' agreement.

Piloting and evaluating models for providing hospital services to people in their own homes, to avoid unnecessary admissions and support more timely discharge.

Providing targeted intervention and support for the most challenged areas.

Continue this performance for the remainder of 2017-18 and set out plans for a more ambitious goal for 2018-19.

5.1e) Develop and implement plans to moderate avoidable growth in demand for elective services, including through sharing benchmarking data with CCGs and advice and guidance services.

Amber/Green

Amber/Green

Objective 6: To improve out of hospital care.

Summary of outcomes

NHS England has made good progress on ensuring care is more joined up to meet people's physical health, mental health and social care needs and to support a more person-focused approach in both 2017-18 and 2018-19. This was achieved by providing more services out of hospital, increasing the numbers in the primary care workforce and working with local authorities to provide greater integration with social care services so that patients experience a seamless transition between the different services.

One success is that the NHS is now delivering evening and weekend appointments to over 98% of the population, seven days a week and has confirmed delivery to 100% of the population. It continues to implement the Better Care Fund and refreshed plans have been considered and improved by the cross-partner programme board. A further success is that the level of NHS Continuing Healthcare assessments taking place in acute settings has reduced by 17% to 9% in 2018-19.

Delivery of the Five Year Forward View for mental health remains widely on track. A draft cross arm's length body dashboard has been developed to monitor delivery of the mental health workforce required by 2020-21. NHS England is also on track to meet all access and waiting times standards for mental health services - in particular, all Improving Access

to Therapies referral to treatment and recovery standards are being exceeded. For the first time, 100% of 195 clinical commissioning groups – covering every part of England – are on track to meet the Mental Health Investment Standard in 2018-19, an increase from 186 (90%) out of 207 clinical commissioning groups that achieved it in 2017-18. To add to this another success worth highlighting is that almost 70% of people in England experiencing a first episode in psychosis were treated with NICE approved care package within two weeks of referral in January 2019.

NHS England is working to ensure the number of people in specialist inpatient hospitals continues to reduce and has decreased by 22% since March 2015.

In addition, the outcome of the New Care Model vanguards achieved significantly lower increases in emergency admissions than non-vanguards between 2014-15 and 2017-18, as well as being on track to deliver £2 savings for every £1 invested.

The New Care Models vanguards allowed local clinicians and leaders to work together and try new ways of delivering care, the learning of which has been invaluable, this will inform how models such as the Enhanced Health Care Homes are rolled out nationally by 2021.

Objective 6: Supporting deliverables		
Deliverable description	2017-18 Rating	2018-19 Rating
New models of Care and General Practice		
6.1a) Deliver 2017-18 core requirements for access to enhanced GP services, including evening and weekend access, to a total of 40% of the population.	Green	Green
6.1b) Support NHS Digital and the Department of Health to provide practices with clinical data by named GP.	Amber/Green	Amber/Green
6.1c) Achieve 20% coverage of the population by the New Care Model programme.	Green	Green
6.1d) Assess progress of the vanguards and identify models consistent with the multispecialty community providers, integrated primary and acute care systems and enhanced health in care homes vanguard frameworks that can be replicated across the country.	Amber/Green	Green
Integration		
6.2a) Implement the Better Care Fund (BCF) in line with the Integration and Better Care Fund Policy Framework for 2017-19.	Amber/Green	Green

6.2b) Working with partners, achieve accelerated implementation of health and social care integration, including through sharing electronic health records and making measurable progress towards integrated assessment and provision.	Amber/Green	Amber/Green
6.2c) Work with the Department of Health, other national partners and local areas to agree and support implementation of those local devolution deals which include health proposals, subject to NHS England's devolution criteria, to support local transformation objectives for improved population outcomes, experience of care and value for money.	Green	Green
6.2d) With the Department of Health, increase the proportion of NHS Continuing Healthcare assessments undertaken outside of an acute setting.	Green	Green
6.2e) Collaborate with local authorities to support the sustainability of social care, including on programmes such as New Care Models, Urgent Care and Right Care.	Green	Green

Mental Health

6.3a) Deliver the 2017-18 Mental Health Five Year Forward View Implementation Plan recommendations.	Amber/Green	Amber/Green
6.3b) Work with system partners to deliver the Mental Health Five Year Data Plan, the Mental Health Workforce Strategy, the Future in Mind recommendations, and support Government priorities and commitments to improving mental health for children and young people and prisoners and offenders in the community.	Green	Green
6.3c) Embed access and waiting time standards for mental health services for Early Intervention in Psychosis, Improving Access to Psychological Therapies and eating disorders.	Amber/Green	Green
6.3d) Develop and implement a five-year improvement programme for crisis and acute mental health care, including investing in liaison psychiatry and crisis resolution and home treatment (CRHTT) teams as part of seven-day services, as well as continuing to collaborate with partners to support the ongoing work to improve care for people detained under	Amber/Green	Green

s.136 of the Mental Health Act, including provision of Health Based Places of Safety.

<p>6.3e) Work with the Department of Health and NHS Digital to ensure robust data on acute out of area placements is collected, reporting is embedded, and a baseline position is established during 2017-18. Plans should be agreed in 2017-18 to deliver year-on-year reductions to eliminate inappropriate acute out of area placements by 2020-21.</p>	<p>Amber/Green</p>	<p>Amber/Green</p>
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<p>6.3f) Reduce reliance on inpatient care for children, young people and adults with a learning disability and/or autism who display behaviour that challenges to achieve a bed reduction of 35-50% by March 2019.</p>	<p>Amber/Red</p>	<p>Red</p>
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Objective 7: To support research, innovation and growth.

Summary of outcomes

NHS England continues to implement programmes to support the growth and dissemination of research and innovation across the health and social care system. It has identified the most promising medtech and digital products with potential for delivering quicker and more efficient clinical outcomes as well as potential efficiency savings. The Research Needs Assessment was published in August 2018 outlining the needs of national priority programmes.

Working in collaboration with its delivery partners Genomics England and Health Education England, and other stakeholders, NHS England began work to align efforts and support genomics to be embedded into routine care by building on the learning from the 100,000 Genomes Project. Progress has also been achieved in the take up of digital technologies with almost 16 million patients in England now registered for one or more online services in December 2018. The NHSApp continues to be rolled out and the interim target of 30% of practices enabled by 31 March 2019 was successfully achieved.

The NHS continues to work closely with partners on the health and work agenda and to support both the Department of Health and Social Care and the Department for Work and Pensions in implementing the proposals in Improving lives: the future of work, health and

disability, published in late 2017. A key element of NHS England’s involvement in building the evidence base to support this long-term strategy is its support in establishing health-led employment trials that went live in May 2018.

Lastly NHS England, with NHS Improvement has been actively supporting a smooth and orderly exit from the European Union including contributing and shaping the EU Exit Operational Readiness guidance was published and distributed among the system in December 2018 and both organisations have undertaken an extensive joint communication programme with the wider system on national preparation.

Objective 7: Supporting deliverables		
Deliverable Description	2017-18 Rating	2018-19 Rating
Research and Growth		
7.1a) Evaluate the implementation of the Excess Treatment Costs guidance to understand its impact and to further support implementation and agree further actions that need to be taken with partners.	Green	Green
7.1b) Improve NHS commissioner input into identifying research needs in the NHS.	Green	Green
7.1c) Work with the Department of Health to agree a clear role for NHS England in implementation of the recommendations of the Accelerated Access Review, to be set out in the Government response.	Green	Green
7.1d) Develop, jointly with Genomics England, the approach to begin to embed genomics into routine care and engage other national partners including NHS Improvement, NHS Digital, Health Education England and Public Health England.	Amber/Green	Amber/Green
Technology		
7.2a) Robust data security standards in place and being enforced for patient confidential data, implementing, with NHS Digital and NHS Improvement, the 2016 National Data Guardian for Health and Care review recommendations on data security.	Amber/Green	Amber/Green
7.2b) Ensure high quality appointment booking app with access to full medical record available, implementing the new	Amber/Green	Amber/Green

national opt out model to be finalised following the 2016 independent review.

7.2c) Each practice to have a minimum of 10% of patients accessing primary care services online or through apps. In addition, the overall number of patients accessing primary services online or through apps will increase by 20% (to 12 million patients) in line with trajectory and the plan for achieving a significant increase by 2020.

Amber/Green

Amber/Green

7.2d) Make measurable progress towards achieving 100% of GP to first outpatient referrals through NHS e-RS by October 2018.

Amber/Green

Green

Health and Work

7.3a) With the Work and Health Unit and local partners, implement health-led employment trials from spring 2017, which will run for between two to three years.

Green

Amber/Green

7.3b) With the Work and Health Unit and NHS Digital, create the right environment to support an increase in referrals by GPs to occupational health support, including Fit for Work.

Green

Green

EU Exit

7.4a) With NHS Improvement, ensure that commissioners' and providers' 2019-20 planning include relevant plans to manage any changes post-EU exit to support a smooth and orderly exit from the European Union

N/A

Amber/Green

Annex B

Under section 13U(2)(c) of the NHS Act 2006, as amended, I am required to set out my assessment relating to NHS England's duties under section 13E (duty as to the improvement in quality of services), 13G (duty as to reducing inequalities) and 13Q (public involvement and consultation by the Board).

Section 13E (duty as to the improvement in quality of services)

The 2017-18 and 2018-19 mandates set seven objectives and I have considered how NHS England has achieved each in turn. I have highlighted the areas where – in my assessment of the matters set out in section 13U(5) (in relation to their section 13E duty (duty as to improvement in services) – there has been notable progress made over the course of the two year period or where I believe there is more work to be done. This is detailed in Annex A.

Section 13G (duty as to reducing inequalities)

Whilst there has been good progress in embedding inequalities in key policies in both years, increased focus is needed from NHS England and their role in the health and care system to reverse the current trend of widening inequalities across a range of areas. I believe there is a solid basis for the system to take work forward that will have a real impact on reducing inequalities in the years to come.

Reducing the inequalities that exist in health access, outcomes and experience between the richest and poorest in society remains a challenge. Data from ONS has demonstrated that inequalities in life expectancy are widening, and that the life expectancy of women living in the 10% most deprived areas of England is going down. Most of the inequalities indicators used to measure progress across the system show no improvement, however there has been progress for some causes of premature mortality. While inequalities in health are caused by several issues such as income, education, housing etc., the latest data emphasises the need for the health and care sector to do what it can to reduce health inequalities.

I am assured that the NHS Long Term Plan recognises the need to tackle this variation and has funding for national programmes and Clinical Commissioning Groups linked to action on inequalities

I am also pleased by NHS England's support for the Ageing Society Grand Challenge Mission that is linked to the Government's Industrial Strategy, which focuses on people to

have at least 5 additional healthy independent years of life while narrowing the gap between the richest and poorest by 2035

I am happy to see NHS England's support of the Prevention Vision 'Prevention is Better than Cure' which focuses on inequalities and mirroring the aspiration of the Ageing Society Grand Challenge to improve healthy life expectancy while reducing the inequality between rich and poor. The NHS will also be a key partner in helping deliver the ambitions of the Government's strategy to end rough sleeping and the Childhood Obesity Plan, that includes a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.

In summary I am happy that NHS England have put an increased focus on tackling health inequalities in both 2017-18 and 2018-19 and I am confident that more will be done address future concerns and widen gaps over the coming year.

Section 13Q (public involvement and consultation by the Board)

My assessment of your organisation's progress against its duty in section 13Q of the NHS Act 2006 (public involvement and consultation by the Board) is that continued progress has been made over the two-year reporting period. To inform this I have consulted Healthwatch England.

On the Long-Term Plan, I am assured that NHS England has heeded Healthwatch's advice in approaching the constrained timetable for public engagement and evidence gathering. NHS England agreed to utilise existing insight already gathered by the NHS, Healthwatch and wider stakeholders to inform the plan. This helped set a clear ambition around how public engagement would shape implementation of the plan on an ongoing basis and is a positive step that marks a move towards continual involvement of patients and the public in policy development in the NHS.

This approach saw Healthwatch take a key evidence gathering role and analysing over 85,000 views from the public to help inform NHS England's thinking – looking at everything from views on access to primary care to issues facing carers and homeless people.

I am pleased to see NHS England considered this insight in the plan. This was reflected in commitments around the NHS providing more support to people in care homes by addressing oral health as a priority; improving the way the NHS identify carers and provide tailored support; amalgamating current performance measures and accountability at ICS level through a proposed 'integration index' that will be informed by people's experiences; a continued focus on reducing Delayed Transfers of Care (DTOC) rates

safely and in a way that works for people; NHS England had also used Healthwatch insight to inform commitments on Autism and Cancer.

In addition to this I would like to see NHS England use the opportunity to go further and use some patient evidence to inform thinking on introducing a target for mental health to encourage parity with physical health; a focus through the upcoming workforce plan to expand funding for volunteering and peer support (not just limited to just mental health) programmes as well promote the importance of continuity of care; Technology in Primary Care and increasing access to all clinicians, not just GPs.

I am pleased to see that NHS England commissioned Healthwatch to carry out engagement across the country to support local implementation of the plan in each of the 44 STPs/ICS. The engagement activity ran from March to May and saw the Healthwatch network gather views and experiences from an impressive 30,000 people online and deliver over 500 face-to-face focus groups with a whole range of different communities across the country. Analysis of this extensive evidence base will be happening throughout June and July. In total NHS England committed £500k to this new approach recognising the need to put serious investment in to reap the benefits of proper engagement.

In terms of informing the multiyear mandate, I am pleased to see a renewed focus on core access standards. Whilst we recognise NHS England have struggled to meet the current standards, the agreement to review the way the current standards operate is a significant step. The current targets, whether they be in A&E, elective care or cancer, do help illustrate performance across the NHS, and can help identify problems. They also provide a very quick and high-level way of comparing services with each other. However, they can be less helpful for patients as they don't help illustrate what sort of experience of care and support they are likely to have.

The new standards proposed in the NHS Clinical Standards Review indicate a positive shift towards more meaningful measures based on what people want, for example, a greater focus on quicker diagnosis. But to ensure the new targets will drive improvement in patient experience, it is crucial that they take into account other factors which are important to a positive overall experience. This can only be done by listening to what people say about their experiences of care. The testing and implementation period for the new standards should be used to collect feedback which goes beyond quantitative data and investigates whether people say the overall quality of their care is improving.

I am pleased to see that NHS England is working with Healthwatch to evaluate the impact of the proposed new standards on patient experience, as well as to collect views from the public on the current and proposed standards and I look forward to seeing the outcome.

Above all, I am pleased with the level of engagement NHS England has had with Healthwatch England and Local Healthwatch to allow patient insight to influence their

decision making over the two year reporting period and I am enthusiastic to see this relationship develop over the coming year.

