Manchester City Council
Report for Resolution

Report to: Health and Wellbeing Board – 8 May 2013

Subject: Putting Patients First – NHS England Priorities for 2013-14 & 2014-15

Report of: Warren Heppolette - NHS England

Summary

This report provides detail of NHS England's operating model, explaining how the mandate from the government will be delivered and how outcomes for people will be improved. It clarifies within that the specific objectives and ambitions to be delivered through the Greater Manchester Area Team.

NHS England has set out an 11 point scorecard reflecting core priorities, against which we will measure our performance and within which two measures take precedence – firstly, direct feedback from patients and their families and secondly getting direct feedback from NHS staff.

Recommendations

The Health & Wellbeing Board is invited to consider the priorities of NHS England (formally the National Commissioning Board) through the Local Area Team to understand how these priorities might best support the aims of the board and the Joint Health and Wellbeing Strategy.

Wards Affected:

All

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Background documents (available for public inspection):

http://www.england.nhs.uk/everyonecounts/
http://www.england.nhs.uk/pp-1314-1516/

Putting Patients First – NHS England Priorities for 2013-14 & 2014-15

1.0 Introduction

A New Health & Social Care System for England

The new health and care system became fully operational from 1 April to deliver the ambitions set out in the Health and Social Care Act. NHS England, Public Health England, the NHS Trust Development Authority and Health Education England will take on their full range of responsibilities.

Locally, clinical commissioning groups – made up of doctors, nurses and other professionals – will buy services for patients, while local councils formally take on their new roles in promoting public health. Health and wellbeing boards will bring together local organisations to work in partnership and Healthwatch will provide a powerful voice for patients and local communities.

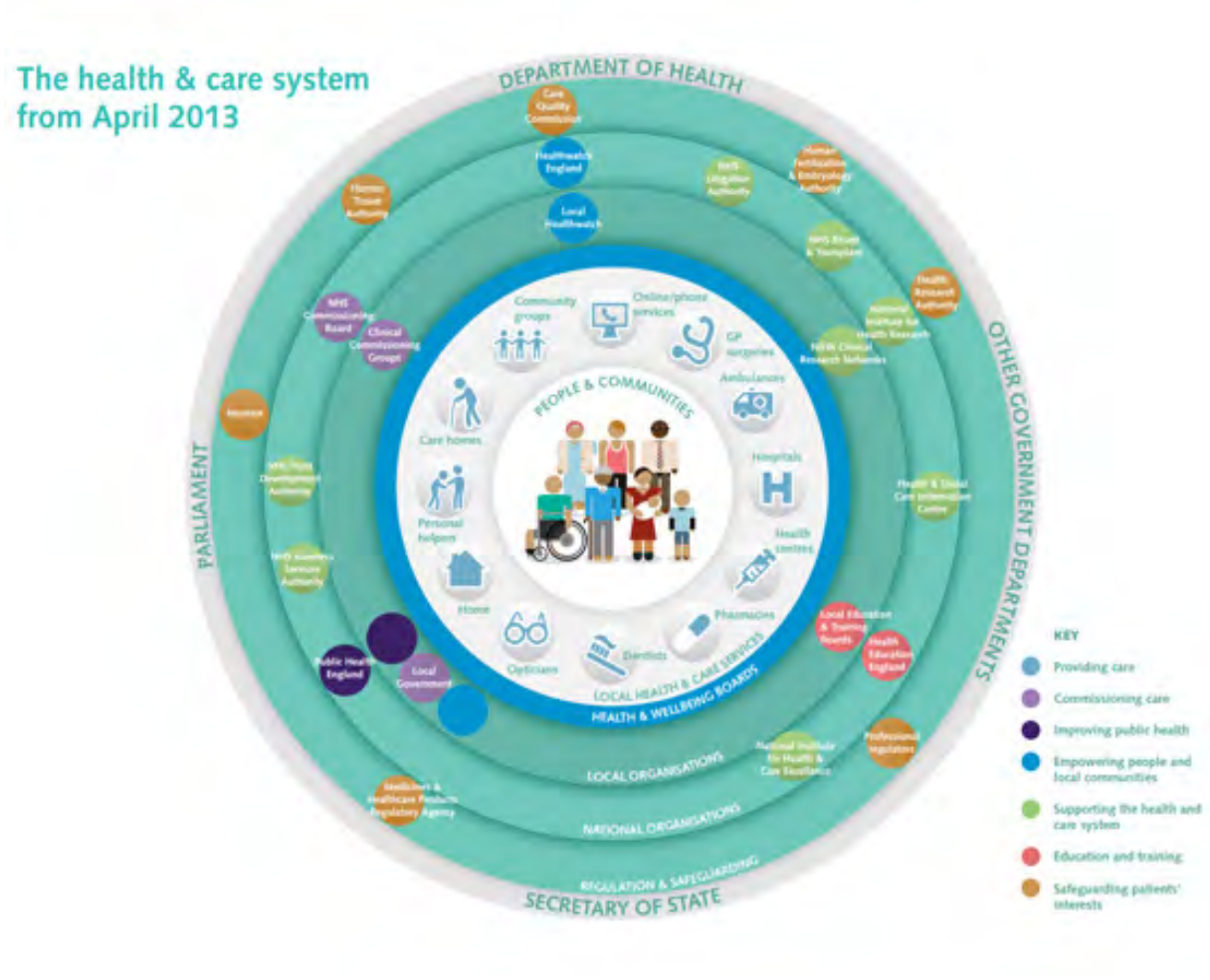
These changes will have an effect on who makes decisions about NHS services, how these services are commissioned, and the way money is spent.

Some organisations such as primary care trusts (PCTs) and strategic health authorities (SHAs) have been abolished, and other new organisations such as clinical commissioning groups (CCGs have taken their place.

A new regulator, Monitor is established to protect and promote the interests of NHS service users. The NHS Trust Development Authority will support the work to ensure that the vast majority of hospitals and other NHS Trusts will become foundation trusts by 2014.

In addition, local authorities will take on a bigger role, assuming responsibility for budgets for public health. Health and wellbeing boards will have duties to encourage integrated working between commissioners of services across health, social care, public health and children's services involving democratically elected representatives of local people. Local authorities are expected to work more closely with other health and care providers, community groups and agencies, using their knowledge of local communities to tackle challenges such as smoking, alcohol and drug misuse and obesity.

However, none of these changes will affect how people access NHS services in England. The way patients book a GP appointment, get a prescription, or are http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-referrals.aspxreferred to a specialist will not change. Healthcare will remain free at the point of use, funded from taxation, and based on need and not the ability to pay.



Purpose of the Report

1.1 This report provides detail of NHS England's operating model, explaining how the mandate from the government will be delivered and how outcomes for people will be improved. It clarifies within that the specific objectives and ambitions to be delivered through the Greater Manchester Area Team.

1.2 The year 2013/14 is a critical one for the NHS. The only acceptable legacy of the Francis report is that the NHS changes as a result of its findings. The Department of Health has published the response to the Francis report, and we will play our full part in delivering the actions described in it. We will put patient care at the centre of all we do through our focus on patient satisfaction and outcomes. The healthcare system is also facing the challenge of significant and enduring financial pressures. People's need for services will continue to grow faster than funding, meaning that we have to innovate and transform the way we deliver high quality services within the resources available. In underpinning the move to a new system, where quality is at the heart of everything we do, we have a set of clear core priorities. We will measure progress against these to produce an 11-point NHS England Scorecard:

Priority	Description	Scorecard measurement
1 – Satisfied patients	**Establishing the Friends & Family test for patients, updated and published monthly**	**Net score of positive versus negative feedback (scale -100/+100)**
2 – Motivated, positive NHS staff	**Establishing the Friends & Family test for NHS staff, updated and published monthly**	**Net score of positive versus negative feedback (scale -100/+100)**
3 – Outcomes Framework – Domain 1	Preventing people from dying prematurely.	Progress against Improvement areas 1.1 – 1.7 of the Outcomes Framework
4 – Outcomes Framework - Domain 2	Enhancing quality of life for people with long term conditions.	Progress against Improvement areas 2.1 – 2.6
5 – Outcomes Framework – Domain 3	Helping people to recover from episodes of ill health or following injury.	Progress against Improvement areas 3.1 – 3.6
6 – Outcomes Framework – Domain 4	Ensuring that people have a positive experience of care.	Progress against Improvement areas 4.1 – 4.9
7 – Outcomes Framework – Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm.	Progress against Improvement areas 5.1 – 5.6
8 – Promoting equality and reducing inequalities in health outcomes	Promoting equality and inclusion through NHS services. Highlighting and reducing inequalities in health outcomes across all Outcome domains. This will include parity of esteem for people with mental health issues.	Progress in reducing identified health inequalities on all indicators for which data are available
9 – NHS Constitution rights and pledges, including delivery of key service standards	Direct commissioning and support and assurance of CCG processes will ensure continued delivery of the NHS Constitution rights and pledges. Carrying out work to embed the NHS Constitution in everything we do.	The proportion of people for whom NHS England meets NHS Constitution standards
10 – Becoming an excellent organisation	Ensuring the staff of NHS England understand their roles, are properly supported and are well motivated. Seeking comprehensive 360 degree feedback from local and national partners.	Staff survey results 360 degree feedback
11 – High quality financial management	Living within our means whilst delivering our priorities.	Actual spend versus budget

2.0 NHS England Eight Key Activities

2.1 Having set out the 11 scorecard priorities by which people can judge our overall progress, this section explains the means through which NHS England will go about achieving them. NHS England does of course have a more detailed set of requirements with this government set out in its Mandate. These are captured in Annex 2 of the business plan as part of our public accountability. NHS England will deliver better outcomes for patients in eight ways:

- Supporting, developing and assuring the commissioning system;
- Direct commissioning;
- Emergency preparedness;
- Partnership for quality;
- Strategy, research and innovation for outcomes and growth;
- Clinical and professional leadership;
- World class customer service: information, transparency and participation; and
- Developing commissioning support.

2.2 Through these eight core work areas we will lead the commissioning system in shaping the climate for success. We will deliver on the ground as commissioners ourselves and we will help develop the entire commissioning system to be in the best possible position to make a difference to the people of England. Through matrix working, every member of staff working for NHS England will be contributing to at least one of these areas in their roles.

2.3 The Area Team will be the local representation of NHS England in delivering the 11 priorities through the eight components of the Operating Model.

2.3 Supporting, developing and assuring the commissioning system

2.3.1 High quality, clinically-led commissioning will be a mainstay of the new healthcare system. Commissioning will focus on issues that matter locally, underpinned by robust public and patient involvement. We will stand alongside CCGs as commissioners of healthcare services, and provide the leadership and support to help them to become excellent commissioners.

2.3.2 CCGs are new organisations and we will continue to support their development as they move through authorisation and beyond. The authorisation process provided an assessment of how each CCG is developing against a set of core commissioning competencies, with Greater Manchester's CCGs performing strongly throughout this process. The results of this will shape the support and development we provide for CCGs. During 2013/14 we will:

- Identify development needs for all CCGs, and establish development programmes from support organisations;
- Establish a maturity model for CCGs, and assessment criteria to monitor progress;
- Establish network arrangements to meet CCG needs for adoption and spread of best practice;

- Establish a programme for collaborative commissioning between CCGs with area teams, local authorities and Public Health England; and
- Support CCGs to deliver the plans that they have developed with local communities.

Greater Manchester Area Team Key Priority 1

Supporting Excellent Clinical Commissioning Groups

2.3.3 The Area Team is clear that one of the principal markers of its success is the degree to which Greater Manchester benefits from 12 highly successful autonomous CCGs. Our shared ambitions in relation to improvements in each of the domains of the NHS Outcomes Framework, our intentions to uphold the NHS Constitutional rights of Greater Manchester's communities and the maintenance of stable and sustainable health and care services will primarily be delivered through the endeavours of the CCGs. Our relationship with CCGs will be one which prioritises and supports improvements in commissioning capability and acknowledges those areas where we stand side by side as co-commissioners with local authorities and other partners.

Greater Manchester Area Team Key Priority 2

2.3.4 As a direct commissioner of services, the Area Team will work in partnership with CCGs and other local commissioners to ensure alignment and integration of their strategy. In carrying out this support and assurance role, we will establish mutual accountability between ourselves and local commissioners, and we will measure our success by the way that we are able to support CCGs to achieve their objectives. Through NHS clinical commissioners, we will seek and publish 360 degree feedback from CCGs and other key stakeholders on how we are promoting autonomy in local organisations, and how effectively NHS England is building relationships.

Choice & Competition

2.3.5 Choice and competition can be an important lever for commissioners to improve the quality and efficiency of services. Choice can help ensure people get services that best meet their needs, and competition can be an important lever for driving up quality and innovation. Competition is not an end in itself and will only be used as a means of improving outcomes. At the national level we are working in partnership with Monitor, the independent regulator of NHS foundation trusts, and with CCG and provider representatives to develop a Choice and Competition Framework. The Framework will offer practical tools, guidance and evidence so that commissioners and providers are able to deliver improved outcomes for people through more effective use of choice and competition.

Resources Tools & Guidance

2.3.6 During 2013/14 NHS England will work with the Commissioning Assembly and other key stakeholders to design the standard contract. The contract will be

issued alongside our planning guidance in December 2013, ready for commissioners to use in the 2014/15 financial year. We have established the Quality Premium for 2013/14. The Area Team will continue to work with CCGs and other partners, including local clinicians and patients, to ensure that the Quality Premium for 2014/15 continues to reward improvements in quality, outcomes and inequalities in a range of national and local measures. In 2014/15 the quality premium will include a measure for mental health outcomes.

Key deliverables: supporting, developing and assuring the commissioning system	Timelines
80% of outcomes improvements identified in CCG plans delivered	April 2014
Overall positive CCG satisfaction with NHS England development support	Annual survey
Choice and competition framework (and supporting documents) published	July 2013
Overall positive CCG satisfaction with resources, tools and guidance provided by NHS England	Annual survey

2.4 Direct commissioning

2.4.1 NHS England is responsible for directly commissioning £25.4bn of healthcare services including primary care, specialised services, secondary care dental services, some public health services, offender health and armed forces health. These services will be commissioned by the 27 area teams of NHS England.

2.4.2 Much of our early focus will be on embedding a number of single operating models for how we will carry out our direct commissioning responsibilities. These operating models will seek to address inequalities in access and outcomes, to take account of unmet need for access to high quality services right across the country and to allow us quickly to apply learning and best practice to different geographical areas. At the same time, we will focus on patient safety, giving clear guidance on how to commission a safer service, manage serious incidents and use safety reviews to support commissioning for improvement.

2.4.3 Where services we commission directly need to join up with locally commissioned services, the Area Team will co-ordinate with CCGs and other partners, to ensure people experience a seamless and integrated service.

Primary care

2.4.4 Primary care has a key role to play in improving health outcomes and reducing health inequalities. We know that good primary care has a positive impact across the whole of the health and social care system. Evidence shows that strong and effective primary care services are vital for health economies and for delivering high quality, best value health services and healthy populations.

2.4.5 As a single commissioner of primary care services, we have the unique opportunity to redefine the role of primary care in an effective healthcare system and to take steps to address inequalities of access to primary care services, whilst improving the quality of care and outcomes for patients across the country. We aim to do this by:

- Developing and reviewing contract levers to ensure that maximum benefits are achieved through rewarding quality services and better outcomes for patients;
- Managing the smooth transition from Primary Care Trust (PCT) commissioning to NHS CB area teams. The single operating model we will develop will include developing a single approach for effective performance management of primary care;
- Improving the skills of practitioners in primary care through the development of robust workforce planning;
- Developing and maintaining mechanisms to enable revalidation of GPs, ensuring that skills are up to date and clinical standards remain high; and
- Timely, equitable access to primary care services in and out of hours.

2.4.6 Some patients find it more convenient to access GP services away from home. We will evaluate the results of the GP choice pilots and consider how we can apply successes more widely. We will move towards a more equitable system of GP practice funding to support patient choice. We will continue to support and incentivise practices to offer greater access to services through digital means.

Greater Manchester Area Team Key Priority 3

Primary Care and Healthier Together

2.4.7 The Area Team in Greater Manchester is ensuring its direct commissioning responsibilities are undertaken and developed in line with our wider ambitions through the Healthier Together programme of health and care reform for Greater Manchester. To support the development of integrated care strategies and delivery plans across Greater Manchester, work is ongoing to develop further the vision for Primary Care which includes General Practice, Dental, Pharmacy and Optometry. To support this process, the characteristics of a high performing, high quality primary care system have been identified, along with some of the desired outcomes and potential ideas for how these could be achieved.

2.4.8 The developmental objectives for Primary Care are as follows:

- Support the delivery of enhanced integrated care across Greater Manchester to deliver improved outcomes for the whole population
- The systematic and proactive management of chronic disease as a tool to improve health outcomes, reduce inappropriate use of hospitals and positively impact on health inequalities
- Ensuring a focus on key patient groups, including 0-5s, Frail Elderly and those nearing the end of life
- Reduce unnecessary hospital attendances and admissions
- Engagement and empowerment of patients
- Population-based approach to commissioning - directing resources to the patients with greatest need and redressing the 'inverse care law' by which those who need the most care often receive the least.

2.4.9 The table below provides a draft suite of characteristics of a high performing primary care system, together with thematic areas for outcomes. Once the review process is completed and the characteristics are agreed, more definitive work will be done to develop the outcome metrics. The characteristics have been split into themes, i.e. what we are seeking to achieve and enablers, i.e. the means by which we will secure achievement.

Themes	**Potential Outcomes**
Patients are involved in the design of the primary care system and as partners in the management of their own conditions and health needs	Improved Health Outcomes Improved Patient Experience Reduction in hospital admissions
Integration between primary, social and community care forming part of an overall approach to pathway based commissioning	Reduced admissions to secondary care Reduced hospital lengths of stay Reduced readmissions to hospital Increased measures of patient independence
Long term conditions are effectively	Improved health outcomes

managed in primary care with interfaces with secondary care clearly defined and managed	Reduced admissions to hospital leading to improved patient experience Reduction in cost
A systematic approach to primary prevention is implemented, eg with regard to alcohol, smoking, exercise	Reduction in numbers of smokers and problem drinkers, reducing costs and improving health A healthier population, more able to play a full role in society
Secondary prevention interventions are defined and in place, eg via the effective use of disease registers, taking measures to reduce high blood pressure, prescription of statins	Improved life expectancy, reduced complications Reduced costs over the medium term
Effective management of those patients with mental health needs	Improved patient experience Improved health outcomes Reduced costs
Effective arrangements for primary care management of end of life care	Improved patient and carer experience Potential to improve quality of care Improved ability to respond to patient preferences
Effective medicines management	Improvements in the quality and safety of prescribing Improved patient experience and health outcomes Reduced costs
Managing elective and urgent care activity	Improved outcomes, (where late referral issues are addressed) Reduction in unnecessary hospital attendances and admissions Improved quality of clinical care Improved patient experience Improved cost effectiveness

2.4.10 The Healthier Together Strategic Direction Case sets out a 10 point plan for the development of primary care which is reproduced below:

i. Clear primary care commissioning plan for 2013/14.

ii. Review of primary care “discretionary” spend to ensure maximum health gain for the population and appropriate system incentivisation.

iii. Transfer of resource from secondary to primary care to deliver enhanced management of long term conditions. This may require initial pump priming to ensure accelerated pace of change.

iv. Explore opportunities for increased working across practices.

v. Provision of support for GPs to help improve health literacy of the population and increase prevention.

vi. Investment in local technological solutions to improve sharing information between care professionals as well as enable patients to access their own records.

vii. Development of clear patient pathways and access points across Greater Manchester.

viii. Additional support where required for CCGs to plan and implement effective integrated care strategies for their local population.

ix. Implement a standardised enhanced role for primary care nursing and create an investment programme to maximize the currently varied and underutilised workforce.

x. Support to increase the amount of training placements for GPs across Greater Manchester.

Specialised services

2.4.11 Specialised services are those services, often provided in relatively few hospitals, accessed by comparatively small numbers of patients, but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills. Examples include long-term conditions such as renal dialysis, complex interventions such as liver transplants, rare cancers and secure forensic services.

Greater Manchester Area Team Key Priority 4

Greater Manchester's Specialised Services

2.4.12 the Area Team will support the creation of a consistent, robust and evidence-based approach to the way these services are commissioned across the country, regardless of where the services are provided. Nationally NHS England will also establish a specialised services innovation fund to support innovative practice locally. The move to a more consistent approach to specialist service delivery will clearly identify those providers which are operating outwith the standards defined in the national specifications. This will provide important information relating to the configuration of specialist and related or dependent services and it will be important for Greater Manchester to support a clear alignment with the acute service priorities of the Healthier Together programme.

2.4.13 National service-specific clinical reference groups have supported the development of five national programmes of care through wide and expert engagement across clinical and patient stakeholders. Improved patient outcomes will be delivered through quality standards incorporated into the new contracts.

2.4.14 NHS England will develop outcome measures for all specialised services in line with the Outcomes Framework. This will build on previous work to develop and implement outcome measures, for example, the current measures of survival rates in rare cancers, survival post-transplant in transplant services and the percentage of patients with severe intestinal failure who are discharged home without any need for tube feeding, and the percentage patients with psychosis who can be discharged back to primary care after NICE recommended treatment.

2.4.15 The Cheshire Wirral and Warrington Area Team acts as the lead commissioner for specialised services for the North West. The Greater Manchester Area Team is working across the NW to establish appropriate governance arrangements, which must include engagement with CCGs to ensure a full pathway, total provider approach is taken in relation to the oversight of specialist services.

Public health

2.4.16 Public health is about helping people to stay healthy, changing lifestyle behaviours and preventing disease. Campaigns and interventions are used to promote healthy choices, while disease prevention helps people to avoid getting ill and enables early diagnosis through screening. Public Health encompasses a wide range of services such as immunisation, nutrition, tobacco and alcohol, drugs recovery, sexual health, pregnancy and children's health.

2.4.17 In the main, these services will be commissioned by Public Health England (PHE). NHS England at both national and Area Team levels will work in partnership with PHE so that we mutually support our common goals of improving health outcomes and promoting equality of access. The NHS Act 2006, Section 7a, sets out the important role we have in relation to the commissioning of screening and immunisation services, health intervention services for children aged 0-5 years and sexual assault services.

2.4.18 The 0-5 years programme in particular demonstrates the value of delivering public health programmes in partnership with other statutory agencies that have a responsibility and budget, in this case for the commissioning of children's services. The programme will strengthen the co-ordination of the link between needs assessment and strategy and provide a clear line of sight from the commissioning process through to the delivery of services. The 0-5 years programme includes the continued expansion of numbers of health visitors and family nurse practitioners (FNPs).

2.4.19 creening programmes will be extended during 2013/14 for bowel cancer, breast screening and Human Papilloma Virus triage in cervical screening. New vaccines will be introduced for rotavirus in infants and for shingles in the elderly, reducing the incidence of painful and unpleasant conditions for sufferers whilst simultaneously reducing the burden on urgent care services.

Greater Manchester Area Team Key Priority 5

Public Health Partnerships

The Area Team will secure positive partnerships with local government partners and Public Health England to develop and deliver against our highest ambitions for public health improvement. This will prioritise improvements in screening and immunisation rates and address areas of variation in both offer and uptake.

Dental health

2.4.20 HS England will be responsible for commissioning all NHS dental care; across the hospital (secondary), community (e.g. care for people with special needs), and primary dental care settings, and managing some 10,000 contracts with 'high-street' dental practices. Our aim is to deliver excellence in commissioning NHS dental services including improvements in quality and patient satisfaction, and reductions in inequalities of access and outcomes.

Offender health

2.4.21 With commissioning of offender health services, NHS England will be responsible for planning, securing and monitoring an agreed set of services for prisons, young offenders Institutions (YOIs), immigration removal centres, secure training centres, police custody suites, court liaison and diversion services and sexual assault services. In 2013/14, our focus will be to align the justice commissioning intentions with those of the NHS England offender teams and local partnerships, particularly for children and young people.

Armed forces health

2.4.22 NHS England will focus on developing core requirements in new contracts and delivering on a number of commitments such as increasing and improving access to mental health services for serving personnel and veterans, as well as improving prosthetic care for veterans.

Key deliverables: Direct commissioning	Timelines
All area teams will have contracts in place with providers that reflect the requirements of the single operating model for specialised services	June 2013
80% of all commissioning intentions implemented in full	April 2014
All area teams will implement primary care quality assurance for all four contractor services	From April 2013

2.5 Emergency preparedness

2.5.1 The NHS needs to be able to plan for, and respond to, a wide range of incidents and emergencies that could have an impact on health or patient care. These incidents could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. They often require a co-ordinated response at national and local level. The development of the capability and capacity to provide this response is a central element of NHS England's role in safeguarding the public.

Greater Manchester Area Team Key Priority 6

Local Health Resilience Partnership

2.5.2 In 2013/14, NHS England will implement new arrangements for effectively handling these incidents and emergencies, ensuring safe transition from existing organisations. In support of these arrangements the Area Team will lead, along with the nominated lead Director of Public Health, the Greater Manchester Local Health Resilience Partnerships (LHRP). The LHRP, which brings together the Area Team with other local partners, will provide on-going surveillance and a co-ordinated multi-agency response, where necessary.

Key deliverables: Emergency Preparedness	Timelines
Conduct further exercises in each of the NHS England regions to ensure incident response plans and reporting arrangements are aligned with key partner agencies and implement findings	December 2013
Publish updated NHS Pandemic Influenza Guidance in preparation for the Cross Government Pandemic Influenza Exercise (September 2014)	October 2013

2.6 Partnership for quality

2.6.1 Improvements in health and care are linked and the NHS and its public, private and voluntary sector partners can only provide the best and most effective service for patients and public when we work together to achieve their objectives.

Francis and Winterbourne View reports

2.6.2 The Francis and Winterbourne View reports described major failings in the delivery of care. In December 2012 the Department of Health published *"Transforming Care: A national response to Winterbourne View Hospital"*. The report laid out clear, timetabled actions for health and local authority commissioners working together to transform care and provide support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. The report outlined our shared objective to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs, and working together to commission the range of services and support which will enable them to lead safe and fulfilling lives in their communities.

2.6.3 The Francis report on events at the Mid Staffordshire Foundation Trust made 290 recommendations, but its single, overarching theme is clear: that a fundamental culture change is needed in the NHS to put people first. Robert Francis highlighted five themes when he presented his report. These were:

- A structure of fundamental standards and measures of compliance
- Openness, transparency and candour throughout the system underpinned by statute
- Improved support for caring, compassionate, and considerate nursing
- Stronger healthcare leadership
- Accurate, useful and relevant information

Greater Manchester Area Team Key Priority 7

Quality Surveillance Groups and the National Quality Board

2.6.4 In 2013/14, the Area Team will work with partners to develop our Quality Surveillance Group. We will review all of the existing agreements, in the light of organisational developments and, following the recommendations of the Francis report, we will ensure that we remain focused on the right priorities. We will support board to board meetings to set the strategic direction for these relationships.

Greater Manchester Area Team Key Priority 8

Safeguarding

2.6.5 The accountability and assurance framework sets out clearly the responsibilities of each of the key players for safeguarding in the future NHS. The framework has been developed in partnership with colleagues from the Department of Health (DH), the Department for Education (DfE) and the wider NHS and social care system. The Area Team Director of Nursing is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect.

2.6.6 The Area Team will work with CCGs to support them to fulfil and excel in their safeguarding role. We will implement the national safeguarding IT infrastructure and mobilise the professional support required to realise the benefits.

Partnership working

2.6.7 NHS England will work alongside other organisations at national and local level to achieve our goals of improving outcomes and reducing inequalities, meeting the requirements of the Mandate and achieving our financial obligations and statutory duties. This includes working alongside partners to jointly commission integrated health and social care packages for people.

2.6.8 NHS England developed a concordat with the Local Government Association (LGA). because of the unique nature of the relationship between health and local government. The local dimension of this partnership will be particularly important and will build on the relationship developed between AGMA and the PCT Cluster to ensure there is no interruption to either the focus or pace of our ambitions around public service reform. We will continue to work closely with AGMA and through the Greater Manchester and the local health and wellbeing boards to ensure joined up commissioning and services. The three priorities are:

- Facilitating shared system leadership through Health and Wellbeing Boards;
- Supporting local mechanisms for joint planning of services ;
- Creating sector led improvement, public service reform and innovation.

2.6.9 NHS England has a shared interest in improving outcomes with national organisations, including the National Institute for Health & Clinical Excellence (NICE), the Care Quality Commission (CQC), the NHS Trust Development Agency (NTDA), Monitor, Health Education England (HEE), and Public Health England (PHE). We have partnership agreements with each of these organisations that will formalise the way we work with them on shared priorities and objectives.

Integrated care and support

2.6.10 Care is at its best when it is centred round the needs, convenience and choices of people and their families and carers. Many individuals have multiple needs, and these often span organisational boundaries. Their experience should be of care and support services that are as seamless as possible.

Greater Manchester Area Team Key Priority 9

2.6.11 Through Health and Wellbeing Boards, we will work with local commissioning partners to develop plans for integrated care in line with the requirements set out in *Everyone Counts* and implement plans for integration in each health and wellbeing area by April 2014.

2.6.12 As a system leader we are tasked in our Mandate from the government to promote integration and seek to remove barriers to it. NHS England is developing with partners a Common Purpose Framework, which will be published in May 2013. This will set out how we will promote, enable and encourage better integrated care and support across health and social care, including primary and secondary care, mental and physical health, and adult and children's services. Our aim is for person-centred and co-ordinated care and support to become the norm for everyone. In Greater Manchester we would recognise the work taking place through the Healthier Together programme and the priority afforded by NHS Trusts, CCGs and local authorities to a significant scale of ambition around integrated care positions us at the vanguard of national work on health & social care reform. The Area Team is keen, therefore, for Greater Manchester to respond to Ministers' proposals to identify 'pioneers' from examples of integrated care across the country, with the, with the emphasis on identifying and spreading learning for wider, rapid adoption.

Greater Manchester Area Team Key Priority 10

Health & Social Care Reform in Greater Manchester

2.6.13 The Healthier Together programme is part of a wider review of Health and Social care and public service reform in Greater Manchester aimed at saving and improving thousands of lives every year. Our vision is "For Greater Manchester to have the best health and care in the country". The programme will be led by the Greater Manchester CCGs acting together in the context of the ambitions they share with each other and with local partners. The Area Team is fully committed to supporting this programme on behalf of NHS England, as a member of each of the local Health & Wellbeing Boards and as a co-commissioner.

2.6.14 Such leadership requires a recognition that the future health and social care system will look substantially different and that improved quality of health care for Greater Manchester residents will underpin the following key principles of a new system:

- People can expect services to support them to retain their independence and be in control of their lives, recognising the importance of family and community in supporting health and well being;
- People should expect improved access to GP and other primary care services
- Where people need services provided in their home by a number of different agencies they should expect them to planned and delivered in a more joined up way.
- When people need hospital services they should expect to receive outcomes delivered in accordance with best practice standards with quality and safety paramount – the right staff, doing the right things, at the right time.
- Where possible we will bring more services closer to home (for example there are models of Christie led Cancer services delivered from local hospitals)
- For a relatively small number of patients (for example those requiring specialist surgery) better outcomes depend on having a smaller number of bigger services.
- Planning such services will take account of the sustainable transport needs of patients and carers.
- This may change what services are provided in some local hospitals, but no hospital sites will close.

2.6.15 This is a complex ambition. It requires the positive confluence of a number of potentially separate programmes of work;

- Local Authorities working with CCGs, Hospitals and the NHS England to develop models of integrated health and social care
- The work of CCGs and the NHS England in improving the consistency, reliability and accessibility of primary care services

- The work of local acute trusts to develop new models of out of hospital care –consultant geriatricians working as part of local teams for example
- The outcome of a clinically led redesign of some hospital services best planned on a GM footprint for reasons of clinical critical mass, in order to drive further improvement in outcomes from acute care.

2.6.16 Currently there are good models of integrated care in place in many parts of Greater Manchester, but rarely are they at the scale required to effect a significant transfer of resource into prevention of avoidable admissions to hospital and other care institutions. New models of contracting and reimbursement are required, to deliver models targeting not 1% or 5% but at least 20% of the cohort of the risk stratified population. New models of integrated care seeking to reduce avoidable admissions to hospitals and other care institutions will contribute to a changing role for local hospitals. Hospitals are crucially important partners in seeking to develop these new models and most recognise their quality and financial interest in seeing these new models of 'out of hospital care' develop.

2.6.17 Each local authority is working with partners to develop their Local Implementation Plan for integrated care by summer 2013. The Area Team will certainly work with all localities to ensure its direct commissioning responsibilities support an effective alignment with the Health & Wellbeing Board ambitions.

Key deliverables: partnership for quality	Timelines
Delivery of 100% of actions set out in the Winterbourne View concordat and Francis response	June 2014
Integrated care proposals implemented in every health and wellbeing board Area	By April 2014
Quality Surveillance Groups operational in every region and area team	From April 2013
Ensure that there is a capable system of safeguarding that is resilient to the transition and linked to quality assurance	From April 2013

2.7 Strategy, research and innovation for outcomes and growth

2.7.1 In order to deliver our core objectives, it is essential that we develop a strategy for sustained, long-term, service improvement to ensure that the NHS continues to deliver for everyone, whatever their background, against the backdrop of low financial growth and rising demand for healthcare service. We will place much greater emphasis on innovation in healthcare by providing the space and support for local systems to adopt innovative practice. The key elements to our approach in 2013/14 will be:

- *A ten year strategy for the NHS* – NHS England will lead a national and local debate with service users, clinicians, the public and key partner organisations to develop a medium term strategy for the NHS. The strategy will align with the five domains of the NHS Outcomes Framework, identifying evidence-based, optimum, clinical pathways and changing services where necessary. This work will be underpinned by economic modelling to ensure we develop and deliver financially sustainable services for the future. Greater Manchester's work as part of Healthier Together will support and inform this work.
- *Service change* - Over time, the way services are delivered will evolve in line with new technology and clinical practice. NHS England will develop and oversee a framework for major service reconfiguration that will set out the roles, responsibilities and interfaces between the different organisations across the health and care system that will operate from April 2013. The Area Team will support the application of this framework to Greater Manchester's work in the Healthier Together programme.
- *Allocations* - During 2013/14 NHS England will carry out a review of the approach to resource allocation, which will inform future allocations. In particular this will be an opportunity to consider the full breath of NHS England funding to make sure it is allocated in the best way to address inequalities and improve outcomes.
- *Pricing* - In 2013/14, the production and dissemination of the tariff will remain a DH responsibility, with NHS England and Monitor taking joint responsibility thereafter. National work in 2013/14 is primarily focused on working with Monitor to design and set the 2014/15 tariff and formal engagement is expected to begin from June onwards. NHS England will also agree priorities for the medium-term, and as part of NHS England's longer term strategy work, to develop a long-term approach to the development of the tariff.

Greater Manchester Area Team Key Priority 11

Innovation, creation, diffusion and spread

- *Innovation* – NHS England will deliver programmes for rapid diffusion and adoption of innovative ideas, products and services so that everyone can benefit from proven best practice, including disadvantaged groups. In 2013/14, the primary focus will be to embed *Innovation, Health and Wealth* across the new commissioning system, deliver NHS England's contribution to the UK Genomics Strategy and lead the NHS's contribution to the UK Plan for Growth.

- *Research and Development* - NHS England has a mandate commitment to "ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, to improve patient outcomes and contribute to economic growth". To carry forward this commitment NHS England is developing a research and development strategy early in 2013/14.
- *Academic Health and Science Networks (AHSNs)* – The Greater Manchester AHSN will develop as the local centre for innovation within the NHS. The network brings together expertise in education, research, informatics and innovation to translate research into practice in mental and physical health.

- *Academic Health Science Centre* – The Greater Manchester Area Team will support the Manchester Academic Health Science Centre in its re-bidding for national accreditation as an Academic Health Science Centre

Key deliverables : Strategy, Research and Innovation	Timelines
NHS Publication of a long term strategy for the NHS, including a comprehensive primary care strategy	Products throughout 2013/14
Oversee the priority service reconfigurations to ensure outcomes for people are improved	Throughout 2013/14
NHS England flexible procurement programme for genomics strategy in place to sequence 100,000 genomes in UK in the next three years.	Quarter 4 2013/14
Review of NHS allocations	Interim outputs July 2013 Final outputs July 2014

2.8 Clinical and professional leadership

2.8.1 Strong and diverse clinical and professional leadership is essential for high quality commissioning. CCGs have been established to ensure that clinical leadership is at the heart of local commissioning. NHS England will work to ensure that there is the right level of clinical and professional leadership in everything we do.

2.8.2 The Medical and Nursing Director in the Area Team, working alongside clinical networks and senates, will provide clinical leadership to NHS England activities locally and regionally and to the wider commissioning system.

3. The NHS Nursing Strategy: Compassion in practice

2.8.3 *Compassion in Practice* sets NHS England's shared purpose for nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent mental and physical health and wellbeing outcomes. It builds on the enduring values of the NHS, and the rights and pledges of the NHS Constitution.

2.8.4 The strategy sets out six areas for action to be implemented over the next three years:

- *Staying independent, maximising wellbeing & improving outcomes*
- *Improving patient experience*
- *Delivering high quality care & measuring impact*
- *Building & strengthening leadership*
- *Right staff, right skills, right place*
- *Supporting positive staff experience*

Greater Manchester Area Team Key Priority 12

Compassion in Practice

Compassion in Practice will be embedded as part of the Greater Manchester clinical collaborative networks for safeguarding adults and children involving nursing leaders in primary, secondary and mental health care.

The 7 day services review

2.8.5 Our aim is to promote a comprehensive health service, increasing access to the right treatment and coordinating care around the needs, convenience and choices of patients, their carers and families – rather than the interests of organisations that provide care.

2.8.6 *Everyone Counts* set out plans to move towards routine services being available seven days a week. The first stage objective is to establish a forum and publish a report, in the autumn of 2013, identifying how there might be better access to routine services seven days a week. In this first phase, the review will focus on improving diagnostics and urgent and emergency care. It will include the consequences of the non-availability of clinical services across the seven day week and provide proposals for improvements.

Urgent and Emergency Care Review

2.8.7 The Urgent and Emergency Care Review aims to develop a national framework to enable clinical commissioning groups (CCGs) to commission

high quality urgent and emergency care services across NHS England for April 2015. The first stage of the Review is to publish high level principles in 2013. The most serious emergencies require rapid access to highly specialised skills and equipment; however, many less serious cases can be safely treated in community settings.

Clinical senates and networks

2.8.8 Clinical senates will bring together a range of professionals to take an overview of health and healthcare for local populations and provide CCGs, health and wellbeing boards and NHS England with strategic, independent advice and leadership on how services should be designed. They will draw on a variety of health and wider care perspectives to provide the best overall care and outcomes for people, including those of professionals who sometimes go unheard.

2.8.9 NHS England will also host four Strategic Clinical Networks, these are as follows:

- Cancer
- Cardiovascular
- Maternity and children
- Mental health, dementia and neurological conditions

Leadership on health inequalities, equality and diversity

2.8.10 There are still too many longstanding and unjustifiable inequalities in access to services, quality of care, health outcomes and patient experience. It is our ambition that everyone receives excellent care, which takes account of their background, who they are and where they live.

2.8.11 During 2013/14, NHS England will re-launch the Equality Diversity Council (EDC) with a structured work programme, embedded within each of the NHS England directorates, which will support the promotion of equality and the reduction of health inequalities across society. Within this period, the Equality Diversity System (EDS) will also be refreshed to embody the values of the NHS Constitution and help NHS organisations to reduce inequalities in health. The EDS will be rolled out to the NHS to help promote equality and reduce health inequalities. It will form the basis of NHS England's equality objectives for the forthcoming business planning period, in collaboration with the NHS EDC. We have also established an Equality and Diversity Group to improve the diversity of NHS England itself.

The NHS Leadership Academy

2.8.12 The NHS Leadership Academy is a system wide body, whose vision is to be recognised as a national centre of excellence for leadership development and talent management in the NHS. Its mission is to develop outstanding leadership in health to improve the quality of services and outcomes for everyone.

NHS Improving Quality

2.8.13 NHS Improving Quality (NHS IQ) has two overarching priorities; to drive the implementation of the NHS Outcomes Framework through effective improvement programmes, and to build improvement capacity and capability across the whole of NHS England.

Key deliverables: Clinical and professional leadership	Timelines
7 day service review report published	Autumn 2013
Urgent and Emergency Care Review: high level principles published	Spring 2013
Commencement of 70% of the actions set out in 'Compassion in Practice' (our three year nursing strategy)	By April 14
Delivery of Leadership Academy core programmes to 2,000 clinical and non-clinical staff	March 2014

2.9 World class customer service: information, transparency and participation

2.9.1 NHS England is committed to transforming the way information is made available to the public and wider healthcare system. We will improve data and information availability to better support public and patient participation.

Intelligence: supporting decision making and choice throughout the service

2.9.2 Health and care data represents one of our greatest public assets and putting it to work is key to improving outcomes for all people. We will build a modern data service, through the *care.data* programme, which will provide timely, accurate data linked across the different components of the patient journey and the outcomes resulting from treatment.

Patient and public voice: putting the citizen at the heart of the NHS

2.9.3 NHS England aims to create the conditions for an equal, balanced and reciprocal relationship between citizens and the NHS. A national Civil Society Assembly will be established to encourage collective participation. NHS England will develop a coherent, linked package of shared-decision making aids so that people can actively participate with their clinicians in making choices about their care and treatment. We will make available personal

health budgets for people who could benefit from them, subject to evaluation of the national pilot programme.

Patient insight, including roll out of the friends and family test

2.9.4 A deeper understanding of how users of NHS services view aspects of the care they receive is essential to make services better. National staff and patient surveys facilitate the benchmarking of services, and are particularly valuable in helping improve the experience of groups who may be socially disadvantaged.

2.9.5 As set out in the government's NHS Mandate, one specific aspect of this will be the roll out of the Friends and Family Test. This will enable staff and patient feedback to be gathered in a more responsive and granular way. The Friends and Family test information will be shared routinely through the Quality Surveillance Group.

Customer relations: Giving people control and choice when they want it

2.9.6 To be a truly patient centred service, the choice and control that the NHS offers to people in the services they receive must be maximised. We will work to make the NHS Constitution a reality, including the right for people to make fully informed decisions about how, when and where they access healthcare. This includes choice both at the point of GP referral and along the care pathway.

Strategic systems and technology: digital first

2.9.7 The Health Online Programme makes use of modern technology to transform the service offer of the NHS, empowering patients and citizens to take control and make informed choices. As part of this, people will have online access to their health records if they want it, by 2015. The 'Paperless NHS' programme includes the re-launch of Choose and Book which aims to make electronic referrals universally and easily available to patients and their health professionals for all secondary care services by 2015.

Communicating patient and public values

2.9.8 NHS England will put in place the essential communications infrastructure to support its national, regional and area teams. Commissioning Support Units will provide a joined-up communications service on behalf of NHS England's regional and area teams, so that we engage effectively with local stakeholders, public and media. We will deliver a programme of stakeholder and learning development events to share key information, motivate and engage with key audiences. As part of this, NHS England will build a website that is robust and engaging for both the public and our staff.

Key deliverables: World class customer service: information, transparency and participation	Timelines
Publish outcomes data from national clinical audits for every consultant practising in the ten surgical specialties set out in *Everyone Counts*	Summer 2013 (10 specialties), all by March 2015
Roll out of friends and family test and an increase in the % of trusts improving their score	Acute and A&E services – April 2013; Maternity – October 2013
Online primary care: 100% providing patients with a facility to order repeat prescriptions, access their records and book appointments	March 2015
Reducing inequalities: 100,000 citizens trained in basic online skills to boost health literacy	April 2014
Civil Society Assembly demonstrates over 80% satisfied with the involvement of patients and the public in the planning and commissioning of NHS services by NHS England.	Baseline 2013/14
100% of CCGs will be able to deliver personal health budgets, including direct payments, for patients receiving NHS Continuing Health Care.	April 2014

2.10 Developing commissioning support

2.10.1 Locally designed, clinically-led commissioning will be at the core of the healthcare system. Success will depend on clinicians focusing on the differing needs across their local population and able to devote time and clinical leadership to addressing those needs. This will require access to excellent and affordable commissioning support services.

2.10.2 Developing a robust market for the provision of commissioning support services should widen the skills and resources available to commissioners and create efficiency in the marketplace. NHS England will design and publish in June 2013 a strategy to develop affordable and sustainable commissioning support services, setting the standard for excellence. This strategy will also include a quality regulation framework to ensure sustainability of the market.

2.10.2 The current NHS England-hosted CSUs are likely to form a key part of this market and will be supported and developed to become commercially viable by March 2016

2.10.4 Over the past 18 months, CCGs have been working with CSUs to define and specify their requirements. NHS England's role in hosting these organisations includes assuring they are viable, supporting their development as well as developing a future market for commissioning support services.

2.10.5 NHS England must provide assurance that CSUs are commercially robust, and that potential commissioning and financial risks are well-managed. At the same time we need to maximise their ability to become freestanding, responsive commercial enterprises. We are developing fair, balanced frameworks for monitoring and assuring that CSUs are as effective as possible.

2.10.6 NHS England is launching a development programme to support CSUs to become effective and efficient organisations. This programme will focus on leadership development, data and information management and the procurement of potential delivery partnerships.

Key deliverables: Developing commissioning support	Timelines
Robust processes are in place to assure the performance of all CSUs (service quality and financial)	From April 2013
Final strategy for the development of commissioning support services published	November 2013
CSUs commercially viable and externalised	March 2016
Creation of a diverse and responsive commissioning support market	March 2016
Positive feedback from customers on services provided by CSUs	Twice a year

3. Developing NHS England

3.1 NHS England takes on its full responsibilities from April 2013, however 2013-14 will be a year of transition in a number of areas. As a new organisation there is a considerable focus for the first year on establishing and investing in its most vital resource – its people. This section sets out how we aim to achieve this.

Staffing

3.2 NHS England has eight directorates from which to draw resources to help deliver improved outcomes for people. The majority of our functions will be carried out at a local level through four regional teams and twenty seven area teams, supported by the operations directorate.

Organisational development

3.3 Our approach to organisational development will be central to our success. It is important that we reinforce and develop a single organisational culture and build a shared vision of improving outcomes for people.

NHS England Governance

3.4 Delivering NHS England business is a large-scale complex task. A corporate programme office has been established to provide a resource to the

organisation in terms of project support, as well as providing assurance to the Board regarding corporate performance and business plan delivery. Risk identification and mitigation is an important element of this and will be managed and reported on using the Board Assurance Framework.

Public and Parliamentary accountability

3.5 NHS England is accountable for delivering the mandate set for us by the government to respond to correspondence, Parliamentary questions and complaints, and as a statutory body we have formal duties to respond to Freedom of Information and Data Protection Act requests. Teams have been established to respond to briefing requests from various stakeholders, and FOI requests and calls from the public. A formal protocol has been agreed with the Department of Health setting standards for timeliness and quality that we will meet.

Equality and Health Inequalities Strategy – including the Equality Diversity Council and the Equality Diversity System

3.6 One of NHS England's central commitments is to promote equality across the NHS and reduce health inequalities in access to, and outcomes from, healthcare services. It is our ambition that everyone receives care that takes account of their background, who they are and where they live. NHS England will publish equality data and information using EDS, that demonstrates how NHS England is meeting the Public Sector Equality Duty (PSED) and performance against its agreed equality objectives. We will also include an assessment in the NHS England annual report of how well NHS England and CCGs have met their legal duties regarding health inequalities.

Assessing our success in building the new organisation

3.7 It will be important to measure how successfully we have met the objectives outlined above. We will do this through a range of measures, including feedback from all our partners. We are already working with NHS clinical commissioners to co-produce an independent 360 degree survey to provide feedback to NHS England from every CCG in the country which will form part of these measures, along with a regular staff survey; and other indicators under development.

4.0 Conclusion and recommendation

4.1 This paper summarises the business plan priorities of NHS England. It also seeks to clarify specific elements of responsibility which local partners might expect of the Area Team. A good deal of the content represents intentions and work which is already underway and will be familiar to local partners. Beyond that work described for which the Area Team will be the delivery partner, the opportunity remains for local partners to engage, inform and influence that work which is being progressed at the national level.

4.2 The Health & Wellbeing Board is invited to consider the priorities of NHS England (formally the National Commissioning Board) through the Local Area Team to understand how these priorities might best support the aims of the board and the Joint Health and Wellbeing Strategy.