NHS England Progress Report – Discussion Document

Rotherham Health and Wellbeing Board

Introduction

In this paper I will summarise the key facts about NHS England (NHS E). I will explain how NHS England will work and I would welcome a discussion with the Health and Wellbeing Board to inform how best to work together. There are no direct financial or legal consequences arising from recommendations made in this report.

NHS England

NHS England (formerly NHS Commissioning Board was created on 1 April 2013. PCTs were abolished. It is an independent body at arm's length to the government. The Secretary of State for Health agrees an annual 'mandate' with NHS England which incorporates the NHS Constitution and NHS Outcomes Framework.

Vision - Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

Purpose - We create the culture and conditions for health and care services and staff to deliver the highest standard of care and ensure that valuable public resources are used effectively to get the best outcomes for individuals, communities and society for now and for future generations.

Values - The values enshrined in the NHS Constitution underpin all that we do:

- Respect and dignity
- Commitment to the quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Objectives – NHS England has 11 objectives, including 2 priority objectives

1. **Priority** – Improving patient satisfaction
2. **Priority** – Improving staff satisfaction
3. Preventing people from dying prematurely
4. Enhancing quality of life for people with long term conditions
5. Helping people recover from episodes of ill health or following injury
6. Ensuring people have a positive experience of care
7. Treating and caring for people in a safe environment and protecting them from avoidable harm
8. Promoting equality and reducing inequalities in health outcomes
9. Enabling more people to know their NHS Constitution rights and pledges
10. Becoming an excellent organisation
11. Ensuring quality financial management

Functions – NHS England has four central areas of work that allow it to deliver its objectives. I include my own interpretation of how this fits together:

- **Oversight, facilitation, coordination and leadership** – NHS England is one national organisation and will maintain oversight of the system. To do this it will empower clinical leadership and work in partnership. This includes the development of strategic clinical networks, senates, hosting of the 'safeguarding forum' and hosting the Quality Surveillance Group to have oversight of the safety and quality of NHS care across the area. It also includes membership of local partnerships including Health and Wellbeing Boards. It is the success of these partnerships that will be critical in delivering NHS England objectives
- **Direct commissioning** - of £25bn of health services including primary care, some public health services (e.g. vaccination and immunisation, most screening programmes and under 5 children's public health services), specialised services, all dental services, military health care and offender health care. Summary plans for specialised services, primary care and public health are attached.
- **Supporting the commissioning system** – allocate £60bn to clinical commissioning groups (CCGs) supporting their development and seeking assurance. Also, working with commissioning support units (CSUs), Academic Health Science Networks, Health Education England and others to both coordinate and support an effective commissioning system. NHS England also has regulatory functions including provision of a 'Responsible Officer' to oversee performance of independent contractors (includes GPs, general dental practitioners, community pharmacists and optometrists). Also, provision of an 'Accountable Officer Controlled Drugs' and associated statutory responsibilities.
- **Emergency planning, resilience and response** – ensure that the NHS plans for civil emergencies and is resilient. NHS England is a category one responder.

Organisation – NHS England is one national public body working to one operating model. There is one national support centre, 4 regions and 27 Area Teams. South Yorkshire and Bassetlaw is the NHS England Area Team for this patch. All Area Teams have the four areas of work described above except with regards to certain commissioning responsibilities and strategic clinical networks and senates. Specialised commissioning is carried out by 10 of the 27 area teams (SYB has this responsibility for Yorkshire and the Humber), strategic clinical networks and senates are lead by 12 of the 27 area teams and again SYB leads this for Yorkshire and the Humber. Offender and military health is lead across Yorkshire and the Humber by other area teams.

NHS England South Yorkshire and Bassetlaw

NHS England South Yorkshire and Bassetlaw has a complete senior team and most of the posts in the area team have been filled. NHS E continues to produce policy and further elements of the single operating model. However, NHS E is not yet a mature organisation and does not yet have every policy and operating model it needs. Locally, NHS E is progressing well and is working across as area in which:

- CCGs are developing strongly with effective working arrangements developing between CCGs, with NHS E and with partner organisations (local authorities and provider trusts in particular)
- Public Health transition has been successful, with public health expertise available to the NHS from within local authorities and from Public Health England. Key public health programmes remain in place without which neither local authorities or the NHS can deliver improved health.
- There is relative financial stability
- Generally good performance with regards to NHS Constitution commitments and other 'everyone counts' requirements. However, A&E performance (4 hour wait) is widely inadequate and there are some problems affecting parts of the area such as some waiting times.

Challenges for the future

The main challenges are driven by:

- Financial challenge (lower growth in health spending, negative growth in local authority spending), an ageing population and new technologies
- Long standing inequalities in health and health outcomes.
- A wish for continued improvements in outcomes from health care and the configuration changes needed to deliver these without spending much more money.

Over recent decades health and health care have seen remarkable improvements. These have been driven by factors such as reduced smoking, better health care including the identification and management of long term conditions such as cardiovascular disease, new technologies in health care and the centralisation of specialist services such as those for cancer and major trauma. However, there remains a gaping inequalities gap. Closing this gap is a priority.
This requires action to:

- Tackle the root causes of poor health such as poor educational attainment, worklessness and the cycle of poor outcomes often driven by teenage pregnancy and poorly functioning family and social systems.
- Ameliorate the root causes of ill health by promoting healthier lifestyles. This includes reducing smoking prevalence (the biggest single driver of inequalities in health outcomes), reducing excessive drinking and promoting healthier diets, breast feeding and exercise
- Ensure health care is utilised in proportion to need. Health care interventions such as treatment of cardiovascular risk and cancer screening, taken up by those at highest risk, will reduce health inequalities. Providing the best general practice services to the poorest populations is at the heart of the NHS contribution to reducing avoidable death. Improving self care and coordination of care for older people is also important.

The Health and Wellbeing Board should hold partners to account for delivery within an agreed health and wellbeing strategy informed by the Joint Strategic Needs Assessment. Priorities agreed here clearly also contribute to NHS E objectives.

Conclusion

NHS England South Yorkshire and Bassetlaw is part of a national organisation committed to prioritising patients in everything we do. It empowers clinicians and makes evidence based decision in an open and transparent way. The NHS architecture introduces many changes and a particular risk is the number of interfaces created. However, there are great opportunities to work in partnership and across organisational boundaries, with clinicians and local authorities driving changes that will make a real difference.

Recommendations

1. The health and Wellbeing Board is asked to discuss this report and agree any further actions arising.

Bibliography

Item	Link	Comment
NHS Constitution	http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx	Rights and responsibilities
NHS England home page	http://www.england.nhs.uk/	NHS England home page
NHS England 'Everyone counts'	http://www.england.nhs.uk/everyonecounts/	Describes the new system and its tools and levers
NHS England Business Plan	http://www.england.nhs.uk/pp-1314-1516/	Business plan 2013/14
NHS England resources	http://www.england.nhs.uk/resources/	Link to guidance for CCGs, strategic clinical networks etc
East Midlands Quality Observatory (for all acute trust quality dashboards)	http://www.emqo.eastmidlands.nhs.uk/welcome/quality-indicators/acute-trust-quality-dashboard/published-dashboards/	Acute Trust Quality Dashboards
General practice quality dashboards	Not yet available	Dashboards due to be published for every general practice