

# **Department of Health**

## **Corporate Plan 2012-13**

# Foreword

One of the many good things about working at the Department of Health is the passion we feel for what we do. We care about people and their health. And we know that the work we do, supporting ministers, helping to lead, shape and support the health and care system, really matters.

Now that the primary legislation has been finalised, we have a firm platform on which to build real clarity about the future direction for the system as a whole and the leading role the Department will play in supporting the Secretary of State to deliver his **five strategic objectives**:

- a patient-led NHS
- delivering better health outcomes

- a more autonomous and accountable NHS
- improved public health
- reforming long-term and social care.

The Health and Social Care Act 2012 means significant change for how the health and social care system is run when the new and existing bodies take on key responsibilities in relation to the NHS. This brings into focus the changing role of the Department itself and the challenge of how we support the Secretary of State in his continuing accountability for the health and social care system. We now have to make ours an organisation that stands for health and wellbeing in the round – able

to identify and articulate the overall health and care challenges facing the country and then to work with our partners and stakeholders to achieve better health outcomes for people.

This summary of the DH's business priorities for 2012-13 is the result of a great deal of planning work within and across teams all over the Department. You will see that the plan groups activity into six priority areas. It is clear that the enduring purpose of the Department of 'better health, better care, better value', remains highly relevant to what we do and provides overall meaning for our work. This comes through in the many staff engagement events across the Department. That is why we have used this formulation – 'better health,

## Foreword (continued)

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better care, better value' – to capture all of the important outward-facing business priorities for the Department for this year to April 2013. But three further areas for action need to be given priority as well if we are to succeed – Delivering the transition to the new system; Working better with our partners; and Transforming the DH itself. Therefore, you will see, in this plan, the actions we have committed to in each of these areas.

The sixth priority, Transforming the DH itself, is particularly close to my heart. I have always enjoyed working in the DH, but felt frustrated that we could not do more to focus strategically and practically on people's health, on helping people to stay well and to live better for longer. In preparing for our new role from 2013 onwards, we have the chance of a generation to reform and re-focus the Department so that it can give as

much emphasis to health as it does to the health and care system. The team that will lead the new DH is now in place, and we recognise that we have important work to do in the next 12 months to engage all staff in a vision for the new DH and in helping you to understand the practical changes needed to behaviours and working practices to reflect our changing role.

The energy and commitment of staff in the DH is inspiring and we have much to be proud of in what we do (and only a fraction is captured in the summary of achievements from 2011-12 at the end of this document). We all know that the external environment and the economic situation is going to remain very tough for some time to come and this will continue to be a test of who we are and what we can achieve. I believe that the plans set out here reflect the realism and

creativity of all the teams across the DH and I look forward to working with you throughout this important year ahead.

**Una O'Brien**  
Permanent Secretary

# Our priorities

We have set out what we want to achieve against the following six priority areas. Through these, we will deliver the Secretary of State's strategic objectives.

<p><b>1. Better Health – helping people live healthier lives</b> by improving our public health system; protecting people's health by ensuring we have the capabilities and policies in place to address threats to public health; promoting health and wellbeing to deliver better health outcomes and tackle health inequalities across all ages.</p>	<p><b>2. Better Care – helping people get better and ensuring people are treated with dignity and respect and supporting a patient-led NHS</b> by reforming social care; working with the NHS to strengthen people's ability to make meaningful choices about their care and support the integration of services around the individual; getting the basics right on safety in health and care; a greater focus on health outcomes.</p>	<p><b>3. Better Value – providing better-quality care by improving productivity and ensuring value for money for the taxpayer;</b> reducing bureaucracy; supporting the NHS to save up to £20 billion to reinvest in frontline services; simplifying regulation of the development and adoption of new medicines and treatments.</p>
<p><b>4. Successful Change – delivering the transition to a more autonomous and accountable system</b> by making sure the new partnership organisations, clinical commissioning groups and health and wellbeing boards are ready to take on their new responsibilities by April 2013; continuing our own transformation into a smaller, more purposeful organisation, with a clear sense of its role in health and care.</p>	<p><b>5. Our Partners – achieving strategic clarity, building a common sense of purpose by developing strong relationships with our external stakeholders,</b> and establishing effective ways of working with the new organisations in the health and care system; playing our full role in delivering the government's priorities led by other departments.</p>	<p><b>6. The DH itself – improving our capability and becoming a better department</b> – developing new ways of working that reflect the leadership role we will play in the new system; the importance of engaging with our partners; and building understanding of our work within the health and care system and the wider public. Putting equality and diversity at the heart of what we do.</p>

# Our values

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These priorities can only be achieved if we live by our **corporate values**.

- we value people – we care about people and put their health and wellbeing at the heart of everything we do
- we value purpose – we focus our actions and decisions on achieving our shared goals
- we value working together – we work together as one department and with our partners and stakeholders
- we value accountability – we take responsibility and are open to challenge.

# Our activities

This is a summary of our key activities in 2012-13, grouped into our six priority areas.

## 1. Better Health

We will work to strengthen our public health system; protecting people's health by ensuring we have the capabilities and policies in place to address threats to public health; promoting health and wellbeing to improve health outcomes and to reduce health inequalities.

- **Improve and promote health and wellbeing** throughout the whole course of life and reduce the burden of conditions associated with poor lifestyles such as obesity, smoking, drug misuse and harmful alcohol consumption. In particular, we will:
  - › develop and expand the Public Health Responsibility Deal
  - › implement legislation to end tobacco displays in large shops, and consult on plain packaging
  - › deliver our commitments in the government-wide strategy on alcohol and the Government's Call to Action on Obesity
  - › improve outcomes from drug dependency and for offenders in custody and the community, leading the recovery strand of the Government's drugs strategy, including payment by results pilots
  - › contribute to delivery of a successful Olympics and Paralympics legacy which increases participation in sport and physical activity
  - › consult and develop proposals on a recommended scheme for front-of-pack food and drink labelling
  - › negotiate and take forward European Union (EU) legislation on nutrition
  - › determine policy on how the Healthy Start voucher scheme will fit with the introduction of Universal Credit

Continued ▶

### 1. Better Health (continued)

- › provide increased support for families and ensure children get a good start in life through expanding the number of health visitors by 4,200 by April 2015
- › deliver the Healthy Child Programme, doubling capacity of the Family Nurse Partnerships Programme and developing a digital NHS information service for parents
- › provide leadership, expertise and coordination on tackling health inequalities across all the Department's objectives and fulfilling our statutory obligations on equality and diversity
- › deliver public awareness marketing campaigns around healthy living, including the Olympics, and the effects of lifestyle choices
- › ensure that we and our delivery partners are firmly focused on addressing health inequalities, including improving the health of the poorest fastest
- › build mental health and wellbeing into the role of the new public health delivery system.
- **Protect the health of the population**, by ensuring we have the right policies and capabilities to protect people from a range of health threats such as those associated with pandemic influenza and terrorist attack. In particular:
  - › ensure health protection plans for the Olympics and Paralympics are in place and tested, and operate effectively during the Games
  - › develop and maintain a high-quality DH emergency response capability, including implementing a new training strategy
  - › address the health risks identified in the Climate Change Risk Assessment (CCRA) and contribute to the health and wellbeing element of the cross-government National Adaptation Programme (NAP)

### 1. Better Health (continued)

- › maintain and develop national vaccination programmes and respond effectively to the 'flu' season
- › improve and promote good sexual health, and reduce teenage pregnancy rates. Publish the Government's sexual health policy document and consult on independent abortion counselling.
- **Create a public health system** which rebalances our approach to health, drawing together national leadership with local delivery, and a new sense of community and social responsibility:
  - › establish Public Health England, including relevant health protection functions
  - › continue to develop the Public Health Outcomes Framework, including finalising detailed indicators, and drive engagement across government so that it can be a key tool in addressing the social determinants of health
  - › finalise the legislative and policy underpinnings of the new local public health system, including allocating public health budget to local authorities for 2013-14.



## 2. Better Care

We will work to improve the quality of care for all people using services, including reforming social care, working with the NHS to strengthen people's ability to make meaningful choices about their care and treating people with dignity and respect.

- **Reform the system of social care** to provide more control to individuals and their carers, easing the cost burden that they and their families face:
  - › publish a White Paper with full proposals for reform of care and support, setting the strategic policy framework and a progress report on funding reform
  - › prepare primary legislation to achieve reforms set out in the Care and Support White Paper as part of a draft Care and Support Bill (which will also include provisions for fully establishing Health Education England and the Health Research Authority)
  - › consult on new arrangements for market oversight in the care sector
  - › implement the carers strategy
  - › implement the National Dementia Strategy, including further steps on awareness, early diagnosis and research as set out by the Prime Minister in March 2012
  - › implement the Government's mental health strategy.
- **Focus on getting quality, safety and dignity right** every time in care services:
  - › respond to the Public Inquiry into Mid-Staffordshire NHS Foundation Trust, the Winterbourne View inquiries and other reviews, developing and progressing an action plan
  - › strengthen the role and effectiveness of the Care Quality Commission

### 2. Better Care (continued)

- › focus on dignified and compassionate care, through the work of the independent Nursing and Care Quality Forum
- › promote safe, effective and respectful care by health and social care professionals, through implementation of the professional regulation Command Paper, *Enabling Excellence*, including medical revalidation
- › develop options, in collaboration with the General Medical Council and European Commission, to strengthen the language competence checks on European Economic Area migrant doctors seeking to work in the NHS
- › lead a review of the cosmetic healthcare industry
- › implement the relevant elements of the Munro Review on safeguarding, working with the new bodies in the system.
- **Put users and carers at the centre of decision making, with care integrated around their needs**, to include embedding shared decision-making as the norm:
  - › support integration of health and adult social care and, where appropriate, other services such as children's services, identifying where this will help address health inequalities and develop plans for implementation informed by the NHS Future Forum's report, and the forthcoming Care and Support White Paper
  - › ensure all people eligible are provided with a social care personal budget by April 2013 and extend the roll-out of personal health budgets to give people and their carers more control and purchasing power
  - › support the development of new education, health and care plans to improve personalisation and responsiveness of health, education and care services for children with special educational needs or disability
  - › extend choice of provider and treatment

### 2. Better Care (continued)

- › give people far more information and data on all aspects of their care to support genuine choice and shared decision making
- › support the NHS to build on its investment in information technology and information systems and encourage a vibrant market of healthcare IT suppliers to help deliver efficient, safe, high-quality patient services and increased patient control, which drive integrated care across health and social care services
- › publish further plans to support and drive local implementation of the 2012 Information Strategy for health, public health and social care in England
- › develop a plan for each patient to be able to access their GP record online by 2015
- › increase the voice of patients, families and citizens through establishing Healthwatch England and local Healthwatch
- › ensure that patients are offered the opportunity to take part in approved research which is of relevance to them.
- **Improve the outcomes of care services, and support innovation:**
  - › develop and implement the NHS Outcomes Framework, setting levels of ambition and linking with relevant Outcomes Strategies for future development and refinement, and make progress in aligning quality accounts
  - › develop and implement the Adult Social Care Outcomes Framework and consult on a quality framework for care and support
  - › provide strategic direction for the Adult Social Care workforce; develop workforce solutions to issues identified within the Care and Support engagement process, including implementation of the PA framework
  - › maintain existing performance standards, including the 18 weeks referral-to-treatment maximum, the four hour A&E standard and cancer waiting times; infection control; and reduce the use of mixed-sex accommodation

### 2. Better Care (continued)

- › expand and reform Payment by Results (PBR) to provide transparent, fair prices and incentives for high-quality care
- › oversee the day-to-day operational function of the NHS, putting in place intervention measures as and when necessary
- › performance manage the NHS delivery of the operating framework
- › introduce a value-based pricing system for medicines to align treatments with outcomes
- › support the construction by National Institute for Health and Clinical Excellence (NICE) of a broad library of about 150 quality standards over the next five years, and the development of the first social care quality standards
- › expand the National Clinical Audit and Patient Outcomes Programme from 29 to 40 national audits
- › support clinical leadership across the NHS, working with the Royal Colleges and other clinical groups
- › make progress on national quality improvement work in care pathways, client groups and disease areas (including but not limited to): maternity, children and older people; dementia; mental health; offenders; long-term conditions; end of life and palliative care; chronic obstructive pulmonary disease (COPD); cancer; cardiovascular disease (CVD); venous thromboembolism (VTE); diabetes; kidney and liver disease, including developing related outcome strategies such as the Children and Young People's Outcome Strategy; and work with new partner organisations to ensure effective transfer of any related responsibilities
- › make progress on national programmes to improve specific types of services including: developing a new dental contract; a new English medical helpline with a free-to-call three-digit number (NHS 111); adult talking therapies; children and young people's psychological therapies; pathology; diagnostics; trauma; and interventional radiology
- › ensure the NHS promotes, supports and funds research and that care is informed by relevant, reliable research evidence

### 2. Better Care (continued)

- › harness the potential of cutting-edge innovations in medical science, including implementing the human genomics strategy and improve the donation and use of stem cells from bone marrow and blood cord
- › implement the NHS Chief Executive's Innovation Review.
- **Increase NHS autonomy and accountability**, creating a long-term, sustainable framework of institutions and systems that empower and incentivise clinicians and front-line services, in line with the White Paper *Liberating the NHS*, the reports of the NHS Future Forum and the Health and Social Care Act:
  - › develop secondary legislation supporting the Health and Social Care Act
  - › fully establish the NHS Commissioning Board, with Government setting out a clear mandate of objectives and requirements
  - › decentralise power through the Board establishing a comprehensive system of clinical commissioning groups by April 2013
  - › continue to prepare for Health and Wellbeing Boards to take on their new powers and duties from April 2013
  - › develop Monitor into a health sector regulator
  - › establish Health Education England as a special health authority to provide national leadership for education and training
  - › establish the NHS Trust Development Authority and develop autonomous and sustainable foundation trusts whilst ensuring a stable and coherent transition to the new system
  - › devolve leadership of local IT development to NHS organisations, bringing implementation closer to the front line and promoting innovation.

### 3. Better Value

We will work to increase productivity and ensure better value for money for the taxpayer, including reducing bureaucracy and supporting the NHS to save up to £20 billion to reinvest in frontline services.

- **Improve efficiency and reduce bureaucracy:**

- › support the NHS to plan locally to deliver the Quality, Innovation, Productivity and Prevention (QIPP) challenge in the NHS, to improve the quality of care and deliver efficiency savings of up to £20bn over the Spending Review period to be reinvested in frontline services
- › ensure that the existing policy framework for strategic service change supports commissioners and providers to improve quality, value and local accountability
- › begin to abolish and transfer functions of ALBs, subject to Parliamentary approval
- › abolish strategic health authorities and primary care trusts by the end of 2012-13
- › implement the commercial reviews of the NHS Blood and Transplant Authority, the NHS Business Services Authority and the NHS Litigation Authority, and deliver the sale of the Plasma Resources UK, NHS Professionals and the Government's share in Dr Foster Intelligence
- › from the changes to NHS community services, establish an NHS Property Company
- › develop the new Private Finance Initiative (PFI) model and manage the Department's ongoing PFI responsibilities
- › achieve better value for money as well as functionality in re-procuring the electronic staff record system and the NHS pensions systems
- › implement the NHS procurement strategy and ensure that NHS Supply Chain is fit for purpose

### 3. Better Value (continued)

- › review current legislative powers relating to the governance and operation of NHS charities to preserve and extend their independence from central Government
- › progress regulatory reform, regulatory reviews and the Red Tape challenges for medicines, healthy lives and the care sector
- › oversee phase two of the Fundamental Data Review.
- **Deliver financial balance:**
  - › undertake accurate financial planning, management and accounting, including assessment of cost pressures and efficiency gains, in-year forecasting, monitoring and management of revenue and capital budgets, and timely delivery of unqualified accounts
  - › develop and deliver the formal agreement between the Department, the NHS Commissioning Board, Monitor and the NHS Trust Development Authority to manage financial risks and deliver financial balance across the system
  - › make changes to the NHS Pensions Scheme in line with commitments in the Spending Review and changes that arise from the implementation of Lord Hutton's recommendations
  - › manage the £801m budget for overseas health including prompt and appropriate settlement of healthcare claims from European Economic Area (EEA) Member States and minimise UK taxpayers' liability by taking forward the European Health Income Programme
  - › review the rules on charging non-residents for NHS healthcare, including primary care, to provide fair, affordable and effective rules that are also consistent with the NHS' humanitarian principles and the protection of public health
  - › maintain good NHS financial management and performance and start to implement a fairer and more responsive funding system for NHS education and training.

## 4. Successful Change

We will work to ensure a smooth and successful transition of the health and social care system, developing and articulating our common purpose to align our work across all organisations, and establishing a framework that can realise the benefits for the health and care system.

- **Manage the transition to the new health and care system architecture:**
  - › as steward of the health and care system:
    - › articulate our common purpose and the unique roles of different bodies
    - › provide a clear framework to successfully establish the new national bodies to take on their functions and deliver in line with the Department's transition plan
  - › oversee the timely and orderly close down of a number of existing national organisations
  - › support and drive local delivery of change in line with the Department's transition plan
  - › implement the new emergency planning and resilience architecture
  - › ensure that robust processes are in place to safeguard quality for the handover between old and new parts of the system, and the effective transition of clinical networks
  - › communicate our transition plans effectively within the Department, across the system and to the wider public
  - › engage our partners in implementation of the new system.



### 4. Successful Change (continued)

- **Establish the framework for beginning to realise the benefits of reform:**
  - › set ambitious and achievable objectives for improving outcomes for NHS, public health and social care ensuring that these are made familiar to the public and staff
  - › set clear and measurable objectives for implementing the Government's core policy reforms, including the decentralisation of power to clinical commissioning groups and Health and Wellbeing Boards; promoting user choice and control; increasing transparency; putting in place the right incentives and pricing systems to promote better outcomes and productivity; and freeing up providers within a well-regulated system
  - › monitor and review progress, and hold the relevant national organisations to account for delivery.

## 5. Our Partners

We will work to develop stronger partnerships – working across government, with our external stakeholders and establishing effective ways of working with our new partnership organisations.

- **Build partnerships with our stakeholders:**

- › develop more systematic ways of managing our relationships with the full range of our external public health, NHS and local government stakeholders, so that the Department can benefit from their knowledge, expertise and insight
- › build stronger partnerships, based on mutual respect and understanding, openness in policy making, and collaborative delivery
- › support leaders across the system to deliver change and improvement
- › build departmental intelligence arm's length bodies and insight on stakeholder perceptions.

- **Sponsor our arm's length bodies (ALBs) effectively.** We will develop excellent relationships with our ALBs and executive agencies:

- › build common purpose and partnership across the ALB and executive agency sector, in a way that recognises the unique roles of different organisations, their duties and powers, and the distinct national leadership they each provide
- › develop a more systematic approach to sponsorship, which ensures clear strategic direction with robust, transparent assessment of performance and the establishment of framework agreements with the Department. For the NHS Commissioning Board this includes developing and issuing the first Mandate
- › help provide leadership for quality alignment across the national system, through the work of the National Quality Board (NQB), and articulate future arrangements from 2013

### 5. Our Partners (continued)

- › develop collaborative and shared service arrangements to deliver best value corporate support and back office services.
- **Assist other government departments.** We will build stronger, mutually supportive relationships with other government departments – with them supporting our goals, and us supporting the wider goals of the Government as a whole:
  - › as part of the Government's strategy for sustainable economic growth, implement the Department's part of the Health and Life Sciences Plan for Growth, and the Strategy for UK Life Sciences
  - › play an active role in civil service reform; the development of Open Public Services; transparency, localism and collaborative local leadership
  - › with the Cabinet Office, engage with the delivery of the Government ICT Strategy and the effective pan-government management of the Government Estate
  - › with the Home Office, help tackle crime and disorder, through hospitals sharing non-confidential information with the police so they know where gun and knife crime is happening
  - › with the Ministry of Justice, contribute to crime prevention and rehabilitation, including through the roll out of the drugs strategy, and liaison and diversion services for mentally ill offenders
  - › with the Department for Education, improve health and wellbeing outcomes for children and contribute to educational outcomes, including system for disabled children and children with special educational needs and revising the guidance on safeguarding

### 5. Our Partners (continued)

- › help deliver the Armed Forces Covenant by meeting the health needs of veterans, including increasing the research evidence for veterans' healthcare
- › contribute to turning around the lives of 120,000 most troubled families by improving health outcomes, with partners across government
- › contribute to the Government's commitment to establish up to 15 new rape centres and improve services for victims of sexual assault
- › promote the Government's green agenda across the health and care sector and, in particular, seek to mitigate the effect of climate change
- › lead across Whitehall on global health, including delivery of outcomes against indicators in the Health is Global Outcomes Framework
- › with the Department for Education, recruit a Chief Social Worker to advise Government on social work reform
- › work with other government departments to support ministers in addressing the social determinants of health and reducing inequalities in health.

## 6. The DH itself

We will continue to work to improve our capability – developing new ways of working that reflect the leadership role we will play in the new system, the importance of engaging with our partners, and to build understanding within the health and care system and the wider public of our work. In particular:

- **Our efficiency and effectiveness as a Department of State.** Across the breadth of our business:
  - › provide an efficient, effective and timely service to support accountability to the public, parliament and the media
  - › provide high quality policy and implementation advice to ministers, informed by sound analysis and evidence
  - › project a persuasive case for the work we do that supports our communications and helps build consensus around our objectives and confidence in the Department's abilities to deliver
  - › complete the design of the new Department of Health, and oversee the transition of people and structures
  - › maintain business as usual during transition and during the 2012 Olympic and Paralympic Games period
  - › the Shared Services Programme will deliver efficiencies in core back-office functions – finance and accounting, HR, payroll, procurement and occupational health for the Department and its ALBs
  - › improve the Department's strategic engagement on EU and international business.
- **Improve our own capability**, in line with our Capability Action Plan:
  - › make the key themes of the Capability Review a common thread in all that we do: building a common purpose, working differently to deliver more; ensuring the right people are in the right place with the right skills

### 6. The DH itself (continued)

- › build understanding of the Department's changing role and develop teams' abilities to adapt flexibly to the changes
- › strengthen and simplify our governance and business systems, including accountability through a new system of SCS Quarterly Accountability Reviews
- › accelerate the development of the workplace and transformation of the Department as a great place to work, with increased levels of staff engagement and the deployment of new technology
- › develop understanding of strategic policy and implementation communications across the Department
- › maintain awareness of knowledge-sharing and information governance to enhance collaborative working
- › launch a development programme on policy and analytical improvement
- › launch a programme of work on internal financial management improvement
- › ensure the work we do is more reflective of how people live their lives by bringing forward proposals to improve the way we interact with each other and manage our work around the life course
- › improve departmental capacity and capability to understand and engage stakeholders.
- **Putting equality and diversity at the heart of policy and business:**
  - › as a system leader of the reformed health, public health and social care system, we will ensure equality remains an integral and vital part of transition
  - › as a policy maker we are committed to ensuring that equality is central to policy, based on the best available evidence and understanding of the public we serve
  - › as an employer we will continue to promote and achieve equality and diversity in the workplace.

# Our roadmap for the year ahead

All directorates in the Department have outlined their key priorities and milestones so we have a clear high-level roadmap for our normal work and for delivering change in the year ahead.

## Quarter 1: April – June 2012

	April	May	June
<b>Key milestones/priorities across the Department functions</b>	<ul style="list-style-type: none"><li>• launch of second wave of early implementer sites on the new health visitor service</li><li>• formal launch of the Nursing and Care Quality Forum</li><li>• end of tobacco displays in large shops</li><li>• launch of 2012-13 National Tariff</li><li>• contracts for new NIHR Biomedical Research Centres and Units commence (£800M over 5 years from April 2012).</li></ul>	<ul style="list-style-type: none"><li>• Care and Support White Paper publication</li><li>• establishment of a post of Chief Social Worker.</li></ul>	<ul style="list-style-type: none"><li>• Draft Care and Support Bill published for consultation</li><li>• Health Education England (HEE) and NHS Trust Development Authority (NTDA) legally established as SpHA (special health authority)</li><li>• emergency preparedness and response for Olympic and Paralympic games.</li></ul>

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## Quarter 1: April – June 2012

	April	May	June
<b>Key milestones/ priorities for transforming the Department and health and social care system</b>	<ul style="list-style-type: none"><li>• DH – revised L&amp;D and Talent Management Strategies</li><li>• DH – Olympics planning completed</li><li>• DH – launch of Capability Action Plan</li><li>• DH – launch of new Senior Leadership Team</li><li>• DH – Occupational Health contract starts</li><li>• PHE Chief Executive; NTDA and HEE Chairs appointed</li><li>• HR Transitional Policy and Procedural Framework complete</li><li>• Organisational Design and People Transition Policies (PTPs) complete</li><li>• all new organisations confirm what functions are transferring to them</li><li>• enhancement of UK Clinical Trials Gateway, presenting, in accessible form, information about trials conducted in the UK.</li></ul>	<ul style="list-style-type: none"><li>• DH – launch of flexible resource pool, the Project Bank</li><li>• DH Corporate Plan published</li><li>• 1 x NTDA Non-Executive Directors appointed</li><li>• HEE chair + 1 x HEE NED appointed.</li></ul>	<ul style="list-style-type: none"><li>• DH – staff Pulse survey</li><li>• 4 x NTDA Non-Executive Directors (NEDs) appointed</li><li>• HEE Chief Executive appointed</li><li>• NHS CB remaining 3 x NEDS appointed</li><li>• Healthwatch Chair appointed</li><li>• all NHS Very Senior Manager (VSM) recruitment complete</li><li>• 1 x Monitor NED appointed.</li></ul>



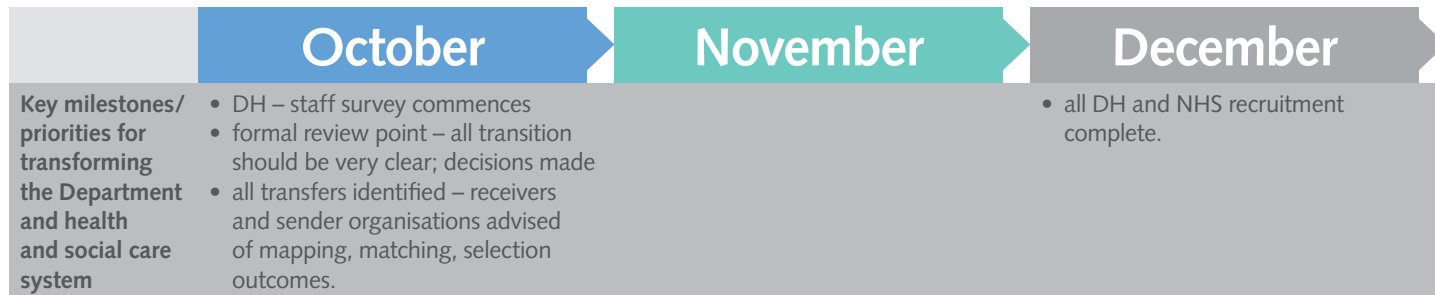
## Quarter 2: July – September 2012

	July	August	September
<b>Key milestones/ priorities across the Department functions</b>	<ul style="list-style-type: none"> <li>• NPSA abolished and functions transfer to NHS CB (SpHA)</li> <li>• design of accountability framework for safeguarding children</li> <li>• launch of national physical activity campaign – Games4Life – as part of Olympics legacy</li> <li>• contracts for new National Institute for Health Research Patient Safety Translational Research Centres commence.</li> </ul>		<ul style="list-style-type: none"> <li>• majority of Local Authorities (LAs) move to shadow form of Health and Wellbeing Boards</li> <li>• National NHS staff survey</li> <li>• contracts for NIHR funding for Clinical Research Facilities for Experimental Medicine commence</li> <li>• Medical Education England (MEE) decommissioned</li> <li>• Outcome of the consultation on the social work bursary.</li> </ul>
<b>Key milestones/ priorities for transforming the Department and health and social care system</b>	<ul style="list-style-type: none"> <li>• Public Health Senior Management recruitment complete</li> <li>• appointments to Health Research Authority (HRA) Board.</li> </ul>	<ul style="list-style-type: none"> <li>• DH – pre-transfer Selection Processes will take place</li> <li>• DH – introduction of more effective HR policies to improve the way we handle poor performance</li> <li>• DH – new pay strategy</li> <li>• DH – new people strategy.</li> </ul>	

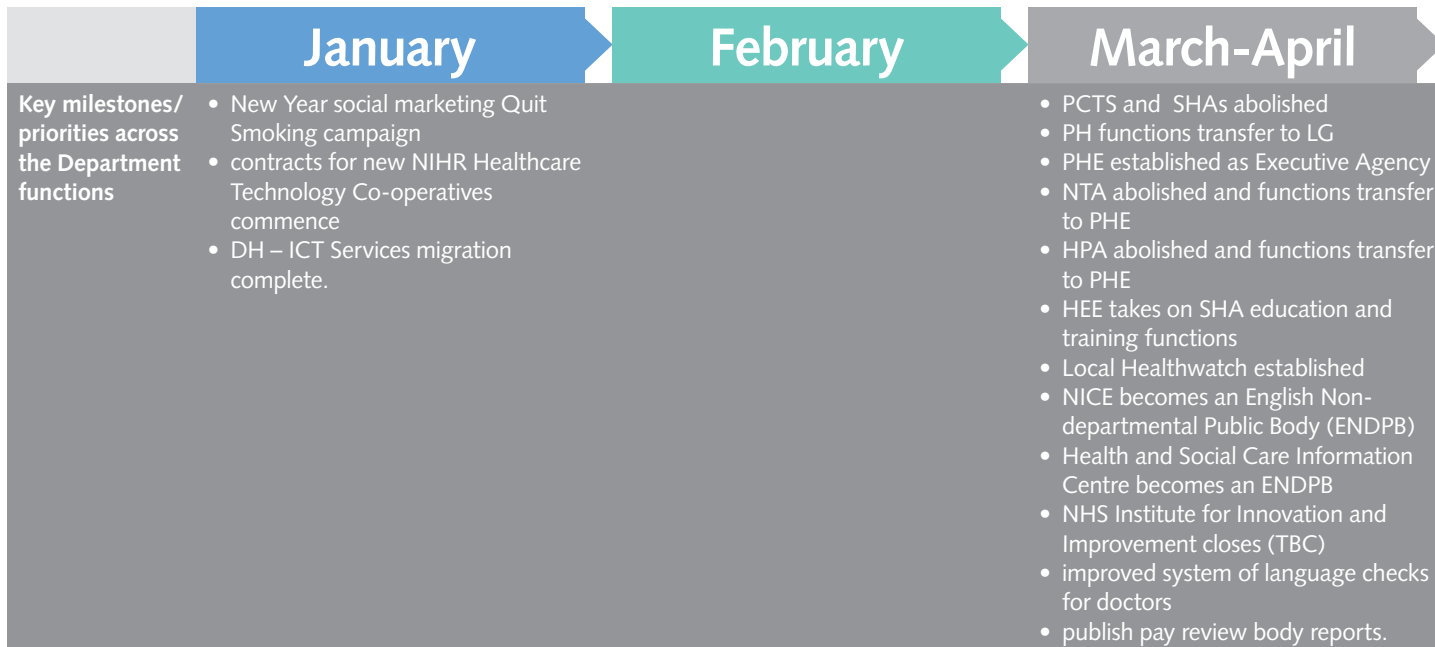
## Quarter 3: October – December 2012

	October	November	December
<b>Key milestones/ priorities across the Department functions</b>	<ul style="list-style-type: none"><li>• NHS CB established as Non-Departmental Public Body (NDPB) and starts to authorise Clinical Commissioning groups</li><li>• start of Monitor taking on regulatory powers</li><li>• Healthwatch England established</li><li>• Appointments Commission abolished</li><li>• functions transfer to NTDA</li><li>• NTDA starts in shadow form</li><li>• Council for Healthcare Regulatory Excellence (CHRE) becomes self funding</li><li>• closure of General Social Care Council</li><li>• NHS Property Company in shadow form</li><li>• selection Panel meets to assess full applications for NIHR Healthcare Technology Co-operatives</li><li>• HEE starts and begins authorisation process for Local Education and Training Boards.</li></ul>	<ul style="list-style-type: none"><li>• Framework Agreements for NHS CB, CQC, PHE, NTDA, HEE approved by DH.</li></ul>	<ul style="list-style-type: none"><li>• medical revalidation.</li></ul>

## Quarter 3: October – December 2012



## Quarter 4: January – March 2013    Q1, month 1: April 2013



## Quarter 4: January – March 2013    Q1, month 1: April 2013

January

February

March-April

Key milestones/  
priorities for  
transforming  
the Department  
and health  
and social care  
system

- complete 70% roll out of the NHS N3 Network Security refresh programme
- NHS111 rollout – access to free urgent care number
- establish ALB centre of excellence
- all new bodies commence in new form
- complete pilots to expand patient choice of GP practice
- funding decisions made on themed – call in surgical research
- Framework Agreements for Monitor approved by DH
- transfers, redundancies, recruitment processes and exits complete (March 2013).

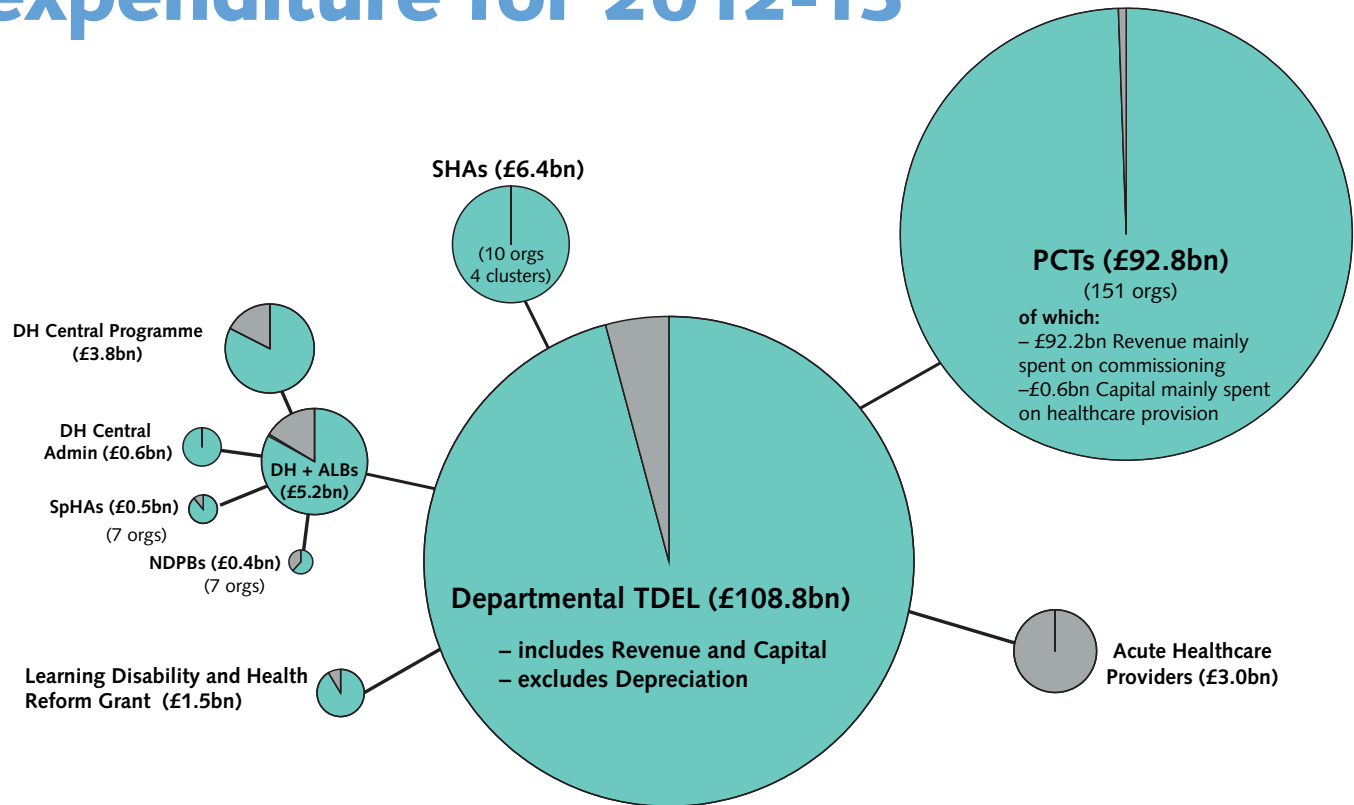
# Resources

As part of its Spending Review settlement, the Department has a Total Delegated Expenditure Limit (TDEL) of £108.8bn for 2012-13, made up of separate limits of £104.3bn for revenue expenditure and £4.5bn for capital expenditure.

The diagram overleaf sets out how the Department has allocated these resources for 2012-13. The vast majority of resources are to be transferred to PCTs and SHAs for spending on NHS services. Alongside this, approximately £5.2bn is to cover central expenditure by the Department and its arm's length bodies, including several major central budgets managed at a national level such as Research and Development, Informatics, and European Economic Area payments. In addition, the Department allocates approximately £3.0bn of capital to acute healthcare providers (foundation trusts and NHS Trusts), and approximately £1.5bn to local authorities in the Learning Disability and Health Reform Grant.

The revenue figures in the diagram also cover administration expenditure, and the Department has set administration budgets across all the organisations totalling £3.5bn. This is part of a downwards trajectory across the Spending Review period, consistent with the commitment to reduce administration expenditure by one third in real terms in the period 2010-11 to 2014-15 to allow prioritisation of resources to NHS services.

# Allocation of Departmental expenditure for 2012-13



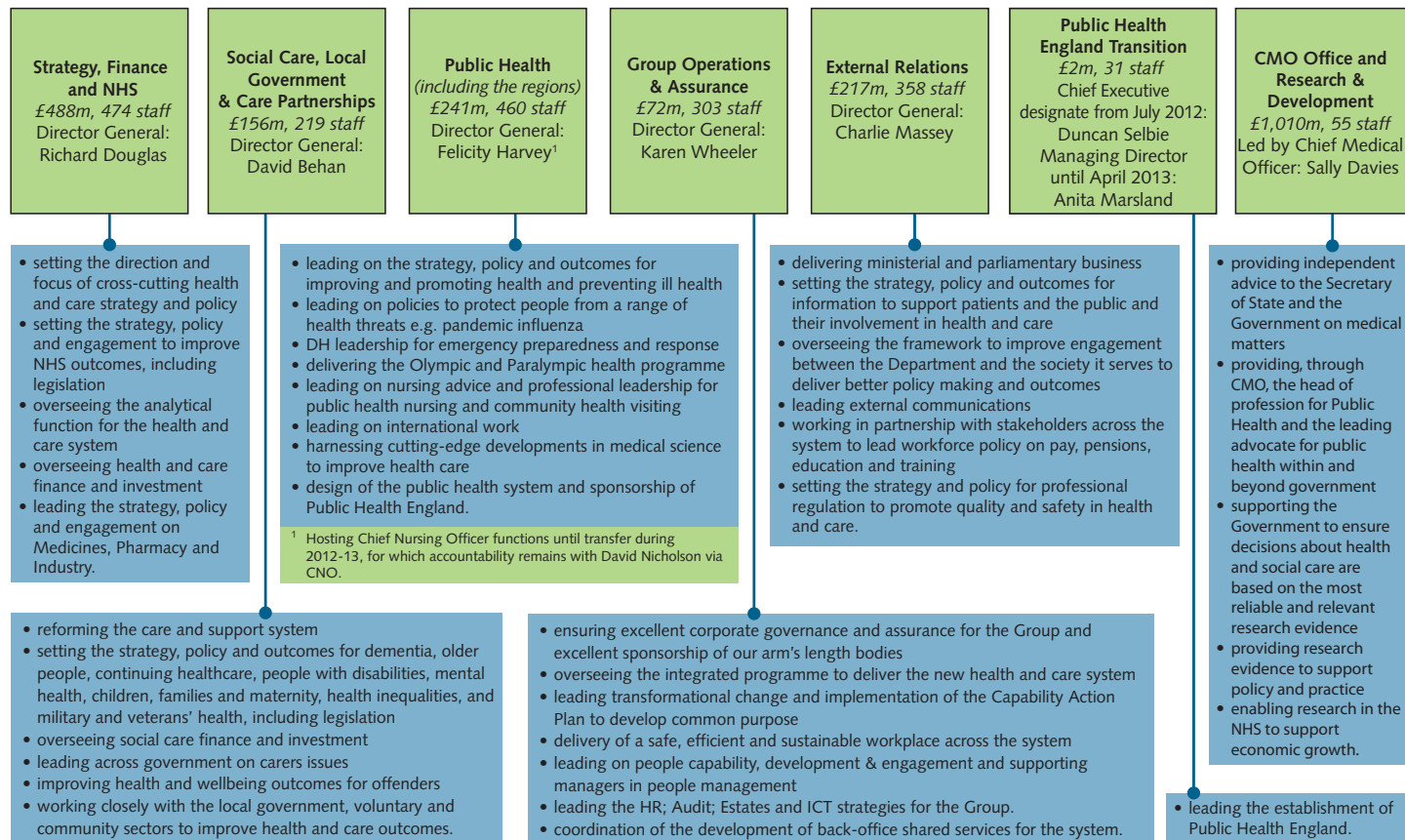
RESOURCE DEL	CAPITAL DEL

Figures may not sum due to rounding

# How we are organised

## 2012-13 DH Structure

Permanent Secretary – Una O'Brien

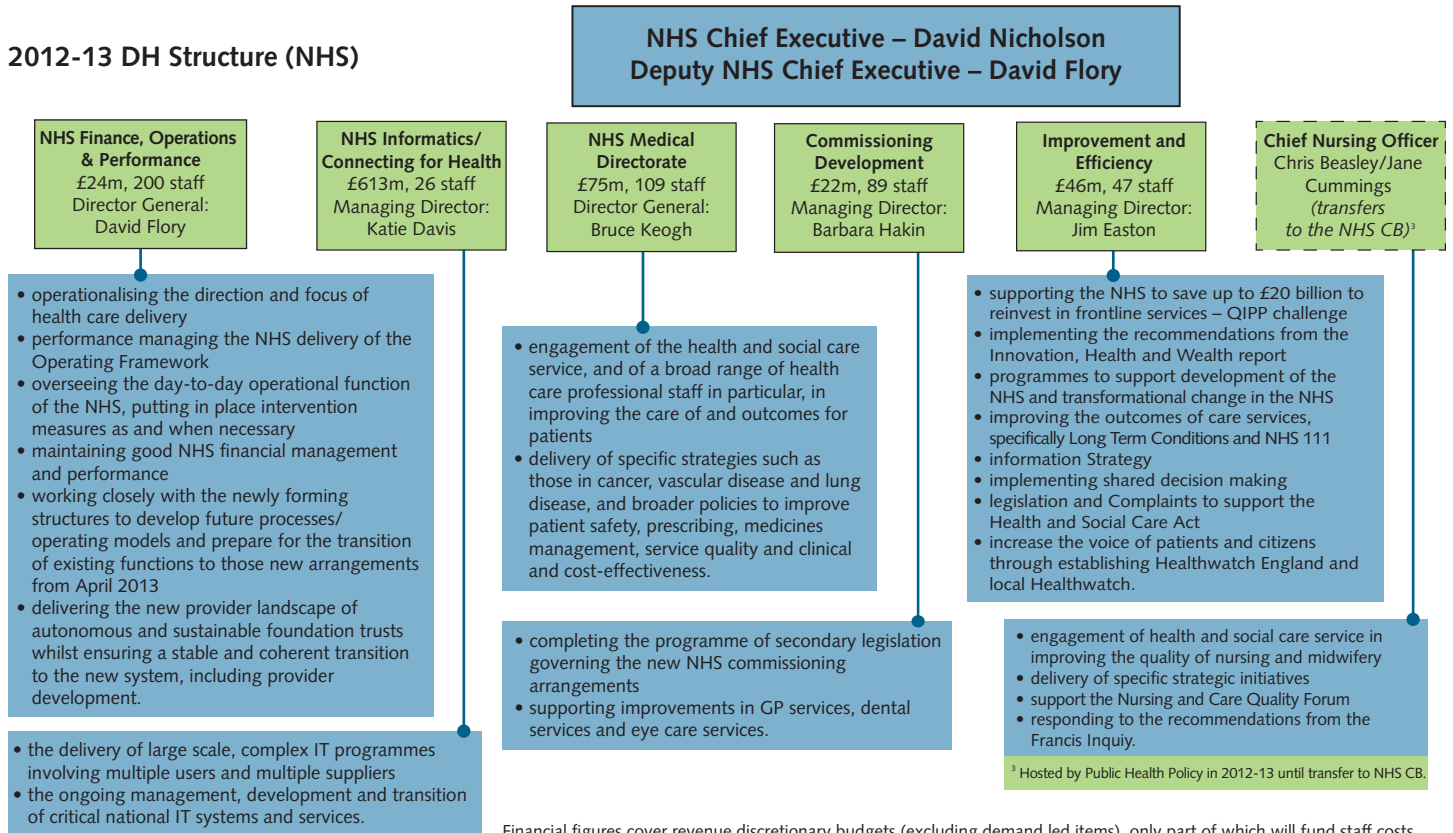


Financial figures cover revenue discretionary budgets (excluding demand led items), only part of which will fund staff costs.  
Staff figures are headcount as at 1 April 2012, based on ONS definitions

Continued ▶



## 2012-13 DH Structure (NHS)



Financial figures cover revenue discretionary budgets (excluding demand led items), only part of which will fund staff costs. Staff figures are headcount as at 1 April 2012, based on ONS definitions

# What we've achieved in 2011-12

34 The passage through Parliament of the Health and Social Care Act was probably the most dominant event over the last year from the perspective of the media, yet the reality in terms of the work led from within the Department was much broader than that, and below is captured just a snapshot of the other achievements and events of the year.

## Achievements for health and care

- we maintained the successful performance of the health and care sector with referral to treatment waiting times remaining low and stable and creating improvements to patients' experiences by nearly eliminating the need for patients to share mixed-sex hospital sleeping accommodation
- we supported health and wellbeing through the introduction of a legal ban on the sale of cigarettes from vending machines; obtaining agreement from big players in the take-away food and catering sector to include calories on their menus; doubling the number of partners signing up to the Responsibility Deal and launching new initiatives to reduce the nation's alcohol consumption
- we implemented initiatives to improve veterans' mental health, including a 24-hour helpline, increasing the number of mental health professionals supporting veterans, setting a pilot early intervention service and launching an e-learning package for GPs
- we completed the National Institute for Health Research call for applied health research on dementia. This was the largest collaborative research call across NIHR programmes to date, securing over £18 million of research providing crucial support for some of the world's leading dementia scientists
- to improve the future of social care the Government launched *Caring for our future: shared ambitions for care and support* – an engagement with people who use care and support services about the priorities for improvement
- we succeeded in increasing the number of places on the Family Nurse Partnership programme to achieve the Government's target of doubling them by 2015.

## What we've achieved in 2011-12 (continued)

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### **Managing and delivering change**

- we promoted the further integration of care services through the publication of the first ever outcomes frameworks for the NHS, social care and public health
- we achieved agreement on, and implemented, an HR Transition Framework setting out the principles, policies and processes, 'enabling' the delivery of a workforce built for future service needs. This impacts on 40,000 health and social care employees
- we formed PCT and SHA clusters to provide resilience for managing performance through transition and established the NHS Commissioning Board and Health Research Authority (HRA) as special health authorities
- shadow Health and Wellbeing Boards started developing nationwide and close working was established with Local Government
- we improved the efficiency of the Department's operations and reduced its costs through a new shared ICT service which will help deliver 38% savings. We also reduced our London estate space by 15% saving £4m per annum.

### **Awards and recognition**

- our people have been recognised for their contributions at the Account Planning Group (APG) Creative Strategy Awards 2011 where we won Gold for the Smokefree Generation campaign. At the Civil Service Awards 2011, we won the Collaboration Award for the Public Health Responsibility Deal and Analysis and Use of Evidence Award for work revolutionising prison drug treatment in this country
- we have reduced our energy consumption by 25% since 1999/2000 and this is one of the best achievements in government. We achieved the Carbon Trust Award in 2011.



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2900090 May 2012

Produced by Williams Lea on behalf of the Department of Health

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