



Department
of Health

Department of Health

Annual Assessment of the NHS Commissioning
Board (known as NHS England) 2015-16

July 2016

Department of Health

Annual Assessment of the NHS Commissioning Board (known as NHS England) 2015-16

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



© Crown copyright 2016

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v.3. To view this licence visit www.nationalarchives.gov.uk/doc/open-government-license/version/3/ or email PSI@nationalarchives.gsi.gov.uk

Where third party material has been identified, permission from the respective copyright holder must be sought.

This publication is available at www.gov.uk/government/publications

Any enquiries regarding this publication should be sent to us at NHS England, Quarry House, Quarry Hill, Leeds, LS2 7UE

National Health Service Act 2006 (as amended) – section 13U requirements in relation to the Annual Report of the NHS Commissioning Board (known as NHS England) for the financial year 2015-16

This Act Paper sets out my third annual assessment of the National Health Service Commissioning Board's performance, pursuant to section 13U(4) of the above Act, covering the 2015-16 financial year.

I have considered the Board's Annual Report and Accounts for 2015-16 which have been laid before Parliament today (21 July 2016). In accordance with section 13U(4), I have written to Professor Sir Malcolm Grant, the Chair of NHS England, with my assessment of the Board's performance in the discharge of its functions for the 2015-16 financial year. A copy of this letter is enclosed with this Act Paper.

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

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

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



Rt Hon Jeremy Hunt MP
Secretary of State for Health



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London
SW1A 2NS

21 July 2016

Professor Sir Malcolm Grant
Chair, NHS England
4W12
Quarry House
Quarry Hill
Leeds LS2 7UE

Dear Professor Sir Malcolm

Annual assessment of NHS England's performance in 2015-16

I am writing to you to set out my annual assessment of NHS England's performance during 2015-16, as required by the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

I have based my assessment on: evidence from your own annual report and accounts for 2015-16; available data; feedback from stakeholders; and the discussions that my departmental team and I have held with you and your teams throughout the year. Each part of the assessment sets out the section of the National Health Service Act 2006 to which it refers as well as the relevant chapter of the mandate from the Government to NHS England for April 2015 to March 2016.

My overall assessment of performance in 2015-16 is that in increasingly challenging times your organisation has made much good progress. You have continued to deliver the majority of your objectives in line with the Government's mandate and your business plan, and have put key foundations in place to deliver the Five Year Forward View.¹ There remains, though, a great deal more to do to achieve our shared goals by 2020. I agree with the assessment set out in your annual report that you have made good progress managing the commissioning system and delivering within budget. You have also made a wide-ranging contribution this year including good management of the specialised and primary care commissioning system and improving the operation and management of the NHS. I emphasise, however, that improvement is still required in some areas. This letter sets out my assessment of progress against key objectives, with my full assessment of performance contained in the attached annex.

The publication, in collaboration with NHS Improvement, of 44 footprint areas² to bring together local health and care leaders as well as communities is a major step forward. This, along with the publication of Sustainability and Transformation Plans (STPs) in the coming months,

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf>

presents a real opportunity to further strengthen and empower local leadership and set a framework through which health, care, and finances will improve in the future.

As we enter the second year of the Five Year Forward View, new approaches to transform healthcare are beginning to take shape. The New Care Models programme is intended to revolutionise the provision of health and care in England. I welcome your focus on accelerating the pace of implementation in 2016-17 and, as we move into the delivery phase, I look forward to further updates on the performance of vanguards as well as plans for rollout from 2017-18. We have an agreed plan for 20% of the country being designated as transformation areas in 2016-17, with better integration of health and social care across the country spread through the STP process by 2020. I hope to see you make further progress on this over the coming year in line with the 2016-17 mandate³ and the front-loaded Spending Review settlement asked for as part of the Five Year Forward View.

The mandate for 2015-16 emphasised that the NHS should be there when people need it; providing equally good care seven days of the week. I look to you to continue to support the NHS to deliver the same high quality urgent and emergency care regardless of when patients need to use services and to improve access to GP services, particularly in evenings and at the weekends. I welcome the progress that you have made this year and I expect you to continue working together with your system partners in order to make further progress on this priority, in line with the Government's mandate for 2016-17 and our longer term goals for 2020.

Patient safety must remain at the heart of all that the NHS does. This year, you have shown your commitment to improving maternity services through working with Baroness Cumberlege during the development of her National Maternity Review and developing cross-system plans to implement the vision set out in her final report. I look forward to seeing you continuing your work across the system to transform maternity services and to support the NHS to achieve the key safety ambitions that I set out in November 2015.⁴

A key element of the 2015-16 mandate was to close the health gap between people who have a mental illness and the wider population. Good progress has been made this year in many areas of mental health including your commitment to the Crisis Care Concordat,⁵ the launch of the transformation programme for children and young people's mental health and reduction in the use of police cells for those in mental health crisis. There remains, however, much more to do in order to achieve genuine parity of esteem. Foundations for this have been established this year through the Five Year Forward View for Mental Health,⁶ produced by the independent Mental Health Taskforce. I am pleased that you have accepted the recommendations in full as I believe this will begin to drive progress in achieving true parity of esteem between physical and mental health which is something I have discussed with you over the course of this year.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf

⁴ <https://www.gov.uk/government/news/new-ambition-to-halve-rate-of-stillbirths-and-infant-deaths>

⁵ http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

The Five Year Forward View for Mental Health has set out a clear direction for the future of mental health provision, including the delivery of the vision set out in Future In Mind⁷ to transform mental health services for children and young people. I expect you to take forward its recommendations and ensure that mental health services are clearly integrated within the New Care Models and that the £600m additional funding allocated as part of the Spending Review is used to improve mental health provision across the country.

Your organisation has performed well by balancing its budget and delivering against its full range of financial duties this financial year, and making a significant contribution to the offsetting of deficits elsewhere in the health sector. However, the financial challenges to the health and care system, in particular in the provider sector, are significant and widespread. As well as ensuring that all parts of the commissioning sector exercise financial discipline, I expect you to work closely with NHS Improvement in the coming year to support the development of robust provider plans and ensure that the NHS as a whole balances its budget. The extra real-terms investment secured as part of the Spending Review settlement is a demonstration of this Government's commitment to the NHS and, alongside your system partners, the efficiency savings identified as part of the Five Year Forward View must now be realised.

As your annual report sets out, the NHS has faced significant demand challenges this year, in particular in the urgent and emergency care sector. A year on from my last assessment, however, the NHS is still not fully meeting key standards included in the NHS Constitution especially in relation to A&E and the Referral to Treatment Time. I know that the NHS is developing urgent but sustainable plans to address these issues and I ask that you continue working with your partners to ensure that there is resilience within the system in order that access and waiting time standards be routinely met.

In the three years since it was established your organisation has continued to mature and develop its operations. There is a clear alignment between our Shared Delivery Plan, the mandate to NHS England for 2016-17 and your 2016-17 business plan, which will ensure a shared focus on agreed delivery goals in the year ahead. I have confidence in the leadership and passion of NHS England and I know that you will continue to lead your organisation effectively as we work with our partners across the health and care system to deliver our shared goals. I am proud of the progress that we have made so far and I look forward to continuing our work together, providing a sustainable and efficient health service with quality, transparency and safety at its heart.



Rt Hon Jeremy Hunt MP
Secretary of State for Health

⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

I am required by section 13U(5) of the 2006 National Health Service Act to assess in particular the extent to which NHS England has met its mandate and business plan objectives, and fulfilled its duties to improve the quality of services, reduce inequalities and secure public involvement (Sections 13U(2) (a) to (c)). Where appropriate, my assessment sets out where relevant objectives are contained within the Government's mandate to NHS England for 2015-16.

The 2015-16 mandate covered nine specific chapters based on the NHS Outcomes Framework. I will consider how NHS England has achieved its objectives under each of these chapters in turn. I will highlight the areas where – in my assessment of the matters set out in section 13U(5) and (2(a) to (c)) (in relation to Section 13E duties) - there has been notable progress made over the course of this year and where I believe there is more work to be done.

Chapter one: Preventing people from dying prematurely

In its mandate for 2015-16, the Government challenged NHS England to work with Clinical Commissioning Groups (CCGs) to develop its contribution to the system-wide target of preventing 30,000 excess deaths by 2020. It is positive to see you forecasting that at the current trajectory you will not only meet the target of preventing 30,000 excess deaths by 2020, but that this will be exceeded.

I welcome the work you have done to limit the lives lost from major diseases such as cancer and diabetes and it is encouraging that cancer survival rates are at an all-time high. The publication of the Independent Cancer Taskforce's strategy 'Achieving world class cancer outcomes'⁸ in July 2015 was a landmark moment; I expect your organisation to begin delivering on these recommendations in line with the implementation document published in May 2016.⁹

Preventing diabetes and improving the management and care of people with the condition is a key priority. I am pleased with progress made to implement the NHS Diabetes Prevention Programme, with 27 first-wave sites to deliver the programme over 2016-17. I also welcome indicators reflecting key areas of improvement in the management and care of people with diabetes being included within the CCG Improvement and Assessment Framework (CCGIAF).¹⁰ I anticipate seeing evidence of this driving improvements and reducing variation in the future.

The development of the CCGIAF will allow visibility of individual CCG performance against key prevention priorities such as cancer, diabetes and dementia. As you work with the Government and your system partners, it will be crucial that variation in outcomes in areas such as prevention continue to be identified and addressed.

⁸ http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

⁹ <https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf>

¹⁰ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf>

Chapter two: Enhancing quality of life for people with long-term conditions

In the Government's mandate for 2015-16, your organisation was challenged to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health conditions to live healthily and independently with much better control over the care that they receive. You have made substantial progress over the course of this year in improving the self-management of people with long-term conditions. Your work to finalise the national license for the Patient Activation Measure¹¹ programme will give 1.8 million people access to a measure that will support a shift in care to a person-centred approach. It is also encouraging to see that 180,000 patients have been directly trained to use digital health resources and tools in the past year. Self-care is not only important in giving patients control over their own health but also in delivering efficiencies within the health service. The publication of the outputs of the Realising the Value programme in February 2016¹² is an important first step in achieving these efficiencies.

The increase in the use of Personal Health Budgets of over 60% set out in your annual report is welcome and I would like you to ensure this progress continues. It is, though, also important that those people who could benefit have a Personalised Care Plan and I am aware that uptake of these to date has been low.

To enable people to take more control of their own health and care, the Government asked you to achieve a significant increase in people using technology to manage their care. Your organisation has made excellent progress, with over 95% of GPs now able to offer patients online access to their health record. Your annual report shows that the use of online technology by patients is increasing across the NHS, with 10.5 million online appointments being booked or cancelled and 14.8 million repeat prescriptions being ordered digitally. I would like you to continue with this focus, ensuring that not only is technology available across the country but that it is being used by those patients who could benefit.

Technology also enables the NHS to function more effectively and efficiently. I am encouraged to see progress in the use of the Summary Care Record, with over 96% of the population of England now having a record and one record being viewed every nine seconds. Furthermore, I also note the use of the Summary Care Record in urgent care situations increasing, including the first ever direct access by paramedics. I know that over the next year you will continue with your efforts to increase use of technology across the health service and I look forward to discussing with you the outcomes of Bob Wachter's review of NHS information technology.

Dementia is a key priority for this Government and as such it is good to see that the target to achieve two-thirds of the estimated number of people with dementia in England having a diagnosis has continued to be achieved throughout this year. I look to you to continue to achieve this target in the next year as well as working towards improved post-diagnosis support for those suffering with dementia. The establishment of an Expert Reference Group to support implementation of a new pathway for people with dementia and their carers is an encouraging development, but I look forward to more progress being made in this area.

¹¹ The Patient Activation Measure (PAM) is a patient-reported measure to indicate the knowledge, skills and confidence of people to manage their own health.

¹² <http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities>

The establishment of the Better Care Fund (BCF) has been a significant step forward for the integration of health and social care and I welcome the ringfencing of £5.3bn for this purpose in 2015-16, which was in excess the minimum requirement set by the mandate. There was an agreed objective to support the Integration Pioneers to explore different approaches to providing better care and breaking down the barriers to integration. The independent report on the early evaluation of the integrated care and support pioneers programme¹³ highlighted the need for further support from your organisation and I understand that you have since restructured resources and increased support for the pioneers to address the issues highlighted. As the New Care Models programme develops, I expect to see much greater evidence that the integration of health and social care is embedded at the heart of these models than has been provided to date, and I look forward to constructive discussions with your organisation about future integration policies. This will be an important part of meeting your mandate objectives and Spending Review commitments for better integration of health and social care in every area of the country by 2020.

Chapter three: Helping people to recover from episodes of ill health or following injury

In its mandate to NHS England for 2015-16, the Government asked for a light to be shone on variation and unacceptable practice to allow all parts of the health service to learn from the best. In my previous annual assessment I drew attention to the positive work your organisation had done implementing a revolution in transparency¹⁴ and it is good to see this continuing this year. Your leadership in following up reports from The King's Fund and The Health Foundation into potential new methods of assessing CCGs and GP practices has been welcome. The outputs from this work will create Ofsted-style ratings for CCGs and metrics for GP Practices to support work on variation and I expect to see the first iteration of these published this year.

A key Government priority and objective within the 2015-16 mandate was that mental health should be placed on a par with physical health and the health gap between people with mental health conditions and the population as a whole be closed. I note that the issues discussed with you in January 2016¹⁵ on ensuring sufficient workforce to deliver mental health priorities as well as producing data to support the Early Interventions in Psychosis access standard continue. I recognise that these issues are not wholly within your control, but I hope to see you continue to work closely with Health Education England (HEE) and the Health and Social Care Information Centre (HSCIC)¹⁶ to make progress on this important programme. The appointment of a new National Director of Mental Health acting as Senior Responsible Officer across the NHS Arm's Length Bodies is a positive appointment and I hope that this will drive progress on an integrated response to the challenges being faced. I note that the key access and waiting time standards for the Improving Access to Psychological Therapies programme have been met throughout the year although the recovery rate, whilst on an improving trajectory, remains slightly below standard. I would like you to meet the recovery standard in the year ahead and to address regional variations that exist for the waiting time standard.

¹³ http://piru.lshtm.ac.uk/assets/files/Early_evaluation_of_IC_Pioneers_Final_Report.pdf

¹⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447026/Annual_Assessment_of_NHSE.pdf

¹⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505586/NHSE_accountability_meeting_26_Jan_16.pdf

¹⁶ HSCIC to be publicly known as NHS Digital from 1 August 2016

This Government has made significant commitments to mental health as part of its Spending Review including an additional £600m of investment. Transparency in this area is vital and I look forward to seeing detail of how you will use this investment to enhance mental health provision across the country.

Chapter four: Ensuring that people have a positive experience of care

Five years on from the shocking abuse witnessed at Winterbourne View private hospital the 2015-16 mandate asked you to continue implementing the recommendations of Sir Stephen Bubb's report¹⁷ and make a significant reduction in the number of patients with learning difficulties and autism living inappropriately in inpatient settings. I am aware of, and welcome, your plans for the reduction of inpatient numbers by 35-50% in the next three years with alternative care provided in the community. I remain concerned, however, that the rate of reduction in inpatient care to date remains too low and agree with your organisation's assessment in May 2016 that progress has not been quick enough. I hope to see significant progress being made in the coming year towards achieving this important objective, and welcome your commitment that a real difference will be seen in the coming months.

Meeting the standards reflected in the NHS Constitution is a key contributor to people's experience of the NHS. In the past year the NHS has failed to meet several core standards including the four hour waiting time standard for A&E services, all three Category A ambulance standards, the 18 week Referral to Treatment standard and the 62 day cancer wait standard. It is likely that the NHS will enter this winter from a low base in terms of meeting the standards reflected in the Constitution and I expect to see your organisation and NHS Improvement coming together to deliver robust and achievable Operational Resilience Plans.

I welcome your work with Baroness Cumberlege to publish her independent review into maternity services.¹⁸ As I discussed with you in March 2016,¹⁹ it will be of vital importance that clear deliverables and milestones are put into place to show how the vision set out in her report is delivered, as well as metrics to allow success to be measured. Patient safety is critically important and we should lead the way, using maternity services as an exemplar to embed safety and choice at the heart of new approaches to care. As discussed with you in January 2016,²⁰ the Government will invest £365 million into perinatal mental health services over the course of this Parliament. This will enable an additional 30,000 women in the perinatal period to get the help that they need and I expect to see detailed plans for how this funding will be used.

I welcome the work you have done this year to continue delivering the Friends and Family Test (FFT), a critical tool to understand patients' experience of care. I am encouraged to see over 20 million pieces of individual feedback have now been received using the FFT. I anticipate seeing further evidence of tangible improvements being made across the health service as a result of this feedback, building on the examples recognised at the first national FFT awards event held in March 2016.²¹ You should also continue to ensure that effective use is made of the insights

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf>

¹⁸ <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525237/NHSE_accountability_minutes_9Mar16.pdf

²⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505586/NHSE_accountability_meeting_26_Jan_16.pdf

²¹ <https://www.england.nhs.uk/2016/03/fft-awards-patient-feedback/>

from all forms of patients' and service users' feedback about their experiences of services, including public polling on safety in NHS hospitals.

Chapter five: Treating and caring for people in a safe environment and protecting them from avoidable harm

The Berwick Review on patient safety²² highlighted that the NHS must do more to build on recent progress to improve patient safety. In its mandate for 2015-16, the Government asked your organisation to continue to reduce avoidable harm and embed a culture of patient safety within the NHS. The work done in response to Sir Robert Francis' report following the public inquiry into the events at Mid-Staffordshire NHS Foundation Trust²³ has been positive and I now expect this learning to be embedded as business-as-usual across the NHS. Although national safety functions will in future be led by NHS Improvement, I would like to see you continuing to embed patient safety throughout the commissioning system as well as working with NHS Improvement to deliver improvements to patient safety.

Chapter six: Freeing the NHS to innovate

Only by freeing up local organisations to innovate and improve can the best health outcomes be achieved. I am encouraged by the work done throughout this year to place more power and responsibility for health outcomes into the hands of local communities whilst retaining overall accountability. I welcome the positive response of CCGs to the offer of devolving responsibility for primary medical services. I also welcome the support you have provided for many other CCGs to co-commission primary medical services and the developments in collaborative commissioning of specialised services between CCGs and your organisation. Taken together, this represents a real step-change in supporting the development of integrated out-of-hospital services based around the needs of local people.

The work you have done with the Greater Manchester Combined Authority has been positive, culminating in the landmark transfer of the £6bn health and social care budget into local hands. I hope that you will continue to work with other parts of the country to consider other innovative approaches to local devolution.

The 2014-15 annual assessment of CCGs²⁴ showed that 20 were rated as 'not assured',²⁵ seven of which still had conditions/directions in place from when they were first authorised. In part, though, this must be seen as a welcome consequence of a more robust system of governance, and in some cases reflects complex and challenged inherited geographies. I welcome the publication of the CCGIAF and will look to see the guidelines it sets out being used to support those CCGs that are not assured in the future. I hope that the 2015-16 assessment will show that progress has been made and I will welcome you continuing to work with all CCGs

²² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

²³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

²⁴ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/Annual-assessment-report-2015-final.pdf>

²⁵ 'Not assured' is defined as *NHS England is satisfied that a CCG is failing or is at risk of failing to discharge its functions*

to ensure that a culture is embedded that encourages financial discipline, robust assurance, lessons being learned from the best, and that all CCGs are supported to improve.

Chapter seven: The broader role of the NHS in society

As the largest public service in the country the NHS has a unique role to play in enhancing economic growth through supporting life sciences, promoting research, adopting and spreading technologies, and exporting innovation and expertise. In my previous annual assessment,²⁶ I asked you to ensure that your research plan set out concrete actions and milestones, with a delivery timeline and clear methodology for delivery that demonstrated your direct contribution to the support and promotion of economic growth. With this plan now developed, I hope to see a firm focus on implementing this, including tackling the support of research through the payment of excess treatment costs. Whilst publication of this plan will be important, realising its delivery will be vital and I will look to you for further assurances on this. My officials will continue to work closely with you over the course of this year to support delivery of this plan including implementation of the agreed recommendations of the Accelerated Access Review.

Chapter eight: Finance

In 2015-16 your organisation was awarded a revenue budget of £101,708m and a capital budget of £300m, which equated to 1.6% growth in real terms on the previous financial year. The 2015-16 mandate tasked you with ensuring good financial management across the commissioning system, which I am pleased to see that you achieved, including delivering a balanced budget with an underspend on headline expenditure of 0.6% against plan.

The November 2015 Spending Review settlement included a commitment by the Government to annual above-inflation budget rises for your organisation totalling an additional £8.4bn in real terms by 2020-21 when compared with 2015-16. This included commitments to frontload funding including £3.8bn real terms growth in 2016-17 and an expected £1.4bn real terms growth in 2017-18. I expect you to continue to work with my officials and HM Treasury to ensure ongoing balance and sustainability within the commissioning system.

Whilst the commissioning system delivered an underspend in 2015-16, there remain concerns about the financial performance of the NHS in its entirety. As we discussed in September 2015,²⁷ securing a balanced commissioning budget is not, in itself, sufficient while the health sector as a whole remains financially challenged. I expect you to continue to work with CCGs ensuring that they exercise financial discipline, and also, with my Department and NHS Improvement, help us jointly to ensure that the NHS budget balances in each financial year. The additional investment provided by the Government should be spent on improving patient care and delivering the best value possible. In particular you will need to continue to work with NHS Improvement in the context of the STP process to develop a cohesive and plausible strategy which demonstrates how NHS finances can be put on a sustainable footing across the country.

²⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447026/Annual_Assessment_of_NHSE.pdf

²⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476306/Minutes_of_NHSE_accountability_meeting_29_Sept_15.pdf

Chapter nine: Assessing progress and providing stability

As well as effectively managing commissioners at a local level, I must also evaluate your progress as a direct commissioner of services. Good progress has been made across many areas in which you directly commission services such as care for armed forces personnel, the rollout of liaison and diversion services in police custody and courts, and the delivery of blood-borne virus screening in prisons across the country. There does, though, remain much more to do, particularly to manage demand-led growth for specialised services. The recent National Audit Office report²⁸ on specialised services commissioning recognised that progress had been made on managing performance but that there had been a lack of a strategic approach to this within your organisation. I look to you to take forward the recommendations from the report and I am reassured that wider work is underway in order to address this. Both George Freeman MP, the Minister for Life Sciences, and I have discussed specialised commissioning regularly with you and your team over the course of the year, and we welcome the improvements that are being made to governance, assurance and delivery of specialised commissioning. In 2015-16 for the first time since the creation of NHS England, the specialised commissioning budget, excluding the cancer drugs fund, has balanced. You have also strengthened senior leadership, appointing a new national director of specialised commissioning. These improvements need to continue and be embedded, and I hope to see you making further improvements, as well as maintaining control of the specialised services commissioning budget, in 2016-17.

The agreement with the British Medical Association on changes to the GMS contract was a positive achievement this year. The general practice workforce is vital to delivering primary medical care services and I welcome your commitment to working with HEE to deliver 5,000 additional doctors in general practice as part of a wider increase in the primary and community care workforce by 10,000. The GP Forward View²⁹ showed a clear strategy to set out new measures to increase GP recruitment, retention and return to practice as well as to build upon the wider general practice team. I will now look to you to work with HEE in the coming year to implement these new measures, improving on the combined efforts so far to deliver the necessary expansion to the general practice workforce.

I have been pleased with the improvements to governance and reporting structures this year. Both internal and external audit reporting has highlighted areas in which governance needed to improve and you have responded well to this. Further work will now be needed to embed these improvements and deliver the cultural and behavioural changes necessary to sustain them.

Under section 13U(2)(c) of the NHS Act 2006, as amended, I am required to set out my assessment relating to NHS England's duties under section 13G (Health inequalities) and 13Q (Patient and public involvement). My assessment of these duties is as follows:

My assessment of your organisation's progress against its duty to have regard to the need to reduce health inequalities is that reasonable progress has been made across the reporting period but more still needs to be done. I recognise the work that you have highlighted in this

²⁸ <https://www.nao.org.uk/wp-content/uploads/2016/04/The-commissioning-of-specialised-services-in-the-NHS.pdf>

²⁹ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

area including moving all CCGs to no more than 5% below their inequalities-adjusted fair funding allocations, contributing to our Shared Delivery Plan,³⁰ the development of metrics and evidence, as well as working with partners to understand local implementation challenges. In my letter of 23 February 2016 to system leaders,³¹ I signalled a need to focus increasingly on access, outcomes and experience, and I welcome the valuable progress you have made in setting out data and starting to establish baselines. In the next reporting period, I hope to see positive actions being taken to address inequalities in response to the evidence, data and trends established. In my previous assessment³² I drew attention to the need for you to ensure that all CCGs were fulfilling, and assessed on, their legal duties on inequalities. You have highlighted strengthened commissioning and annual reporting guidance that has been issued to CCGs as well as a new template to support annual reporting. I welcome your work with CCGs in this area and will look to individual annual reports, STPs and other commissioning plans for evidence that your systems are effective in ensuring all CCGs are fulfilling their health inequalities duties and are assessed on how well they have done so.

My assessment of your organisation's progress against its duties to involve patients and the public in decisions is that good progress has been made in 2015-16. You highlight the publication of your Patient and Public Participation Policy in November 2015³³ as a major step forward and I hope to see increasing evidence of tangible improvements being delivered as a direct result of patients and the public shaping services that they use. This year has seen the first ever national FFT awards presented as part of the Feedback and Insight Conference in March and I anticipate seeing more evidence of the work that you are doing to encourage the wider NHS to embrace and act upon feedback. In my previous annual assessment, I praised the positive work being done around the NHS Citizen programme. I am aware that the NHS Citizen Assembly took place in November 2015 and I welcome this event along with the collection of insight via the Gather online forum. NHS Citizen is now building on its strong brand by expanding activity to ensure that Citizen Voice is locked into NHS England priority delivery areas and in the development of STPs. I welcome your commitment to transparent communications with the public and looking at effective ways to harness this and I will look to see further evidence of how new approaches will be used to achieve this goal.

Overall, in the past year I am pleased to see that you and your organisation have achieved, or are close to achieving, the majority of the objectives that the Government set in its mandate for 2015-16. There do, however, remain important areas in which performance has not achieved the levels that I, and the public, expect and these must be addressed in the coming year. The ultimate aim for all parts of the health and care system must remain the delivery of high quality healthcare that is efficient, sustainable and above all safe for patients and their families. I have great confidence in the leadership of your organisation and my Department, my fellow ministers and I will continue to work closely with you, and our system partners, to achieve our goals together.

³⁰ <https://www.gov.uk/government/publications/department-of-health-shared-delivery-plan-2015-to-2020/shared-delivery-plan-2015-to-2020>

³¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506771/SofS_letter_health_inequalities_acc.pdf

³² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447026/Annual_Assessment_of_NHSE.pdf

³³ <https://www.england.nhs.uk/wp-content/uploads/2015/11/ppp-policy.pdf>