

Creating the conditions for change – the role of NHS Improvement

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Why we are here today

- Launch the roadmap for providers to help them deliver their part of the Forward View
- Explain the role of NHS Improvement – re-calibrating support and accountability
- Set out the foundations on which to be optimistic
- Fire the starting gun on an improvement movement within the sector

The state of play in 15/16



- M8 deficit £2bn
- 187 providers reporting an in-year deficit
- 161 providers forecasting a full year deficit

A&E

Nov 15

91.3%

Best YTD

The Dudley Group 99.1%
Luton and Dunstable 98.8%
Northumbria 97.1%

Worst YTD

Hull and E. Yorkshire 78.8%
Portsmouth 81.9%
Brighton and Sussex 83.9%

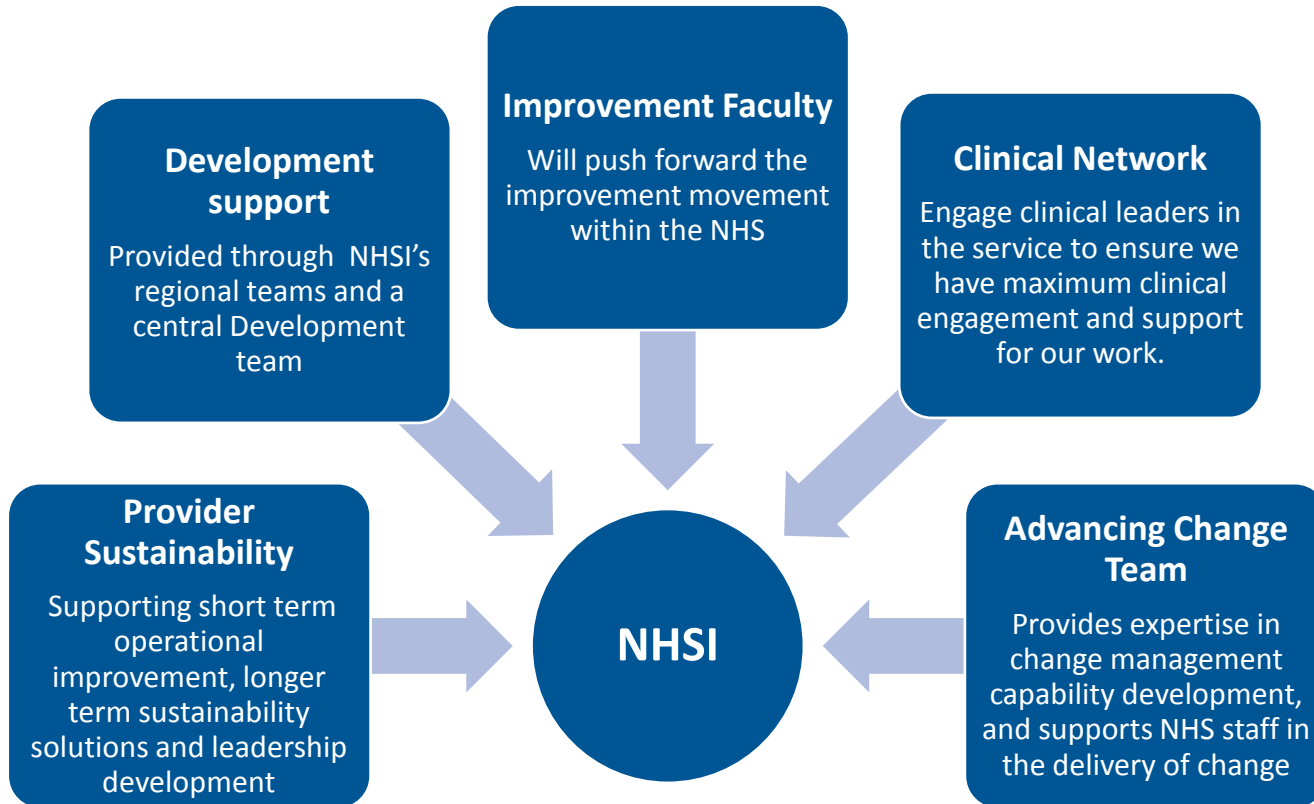
16/17 a platform for change

- Spending Review - £5.4bn cash settlement for the NHS in 2016/17, rising to a total of £8.4bn by 2020/21
- National tariff 16/17 consultation launched today:
 - A firebreak year to support a return to financial stability
 - HRG4 continues as payment currency for admitted patient care national prices
 - Delay new set of top up payments for specialised services
 - Delay specialised services marginal rate rule
 - Inflation uplift of 3.1%, efficiency deflator of 2%
 - National tariff to be published end of March (subject to outcome of consultation)
- Control totals for 16/17 to restore financial balance.

Immediate short term grip

- A more directive approach from the centre to ensure stability and recovery
- Operational plans for 16/17 delivered
 - Effectively year 1 of 5 year STP, commissioner and provider plans for 2016/17 will need to be agreed by NHSE and NHSI, based on local contracts that must be signed by March 2016.
- Sustainability and Transformation obligations met:
 - Each health community must produce a place-based, multi year plan to show how local services will develop up to March 2021
 - Sustainability and Transformation fund dependent on achieving recovery milestones

Building the support offer



A return to earned autonomy

- Our vision of autonomy
 - Local decision making free of constraints
 - Fewer data and monitoring requirements
 - Simpler processes for transactions
 - Recognition and opportunity to spread success
- We will enable as much autonomy as possible for successful providers
- Segmentation of providers according to the extent to which they meet a single definition of success

Shared definition of success agreed with partners

Quality

- We will use CQC's quality rating
- Success will be a good or outstanding rating

Finances / Use of resources

- With CQC we are co-developing use of resources assessment
- Methodology will reflect recommendations of Carter

Operational performance

- Focus on small number of core NHS standards and targets

Leadership

- Build on existing governance tools (e.g. well led framework)
- Shared system view on what good leadership looks like

Strategic change

- With NHSE we will develop an assessment of strategic delivery

Leaders - it's a marathon not a sprint

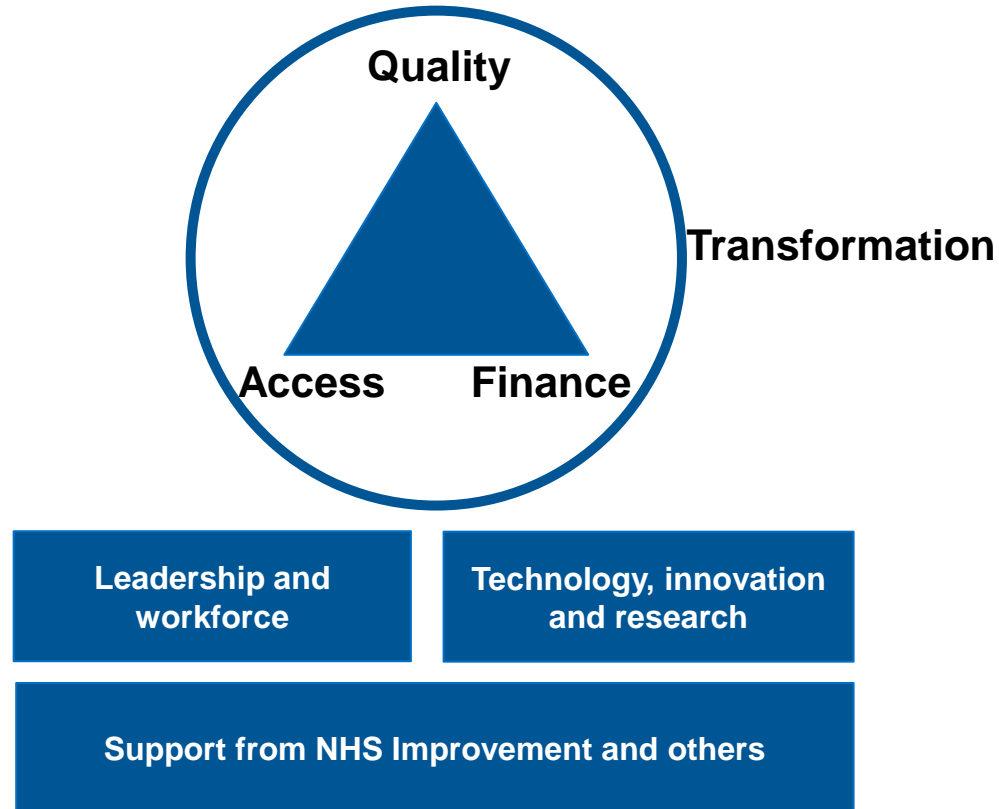
SO

- Getting fit
- Building resilience and staying power
- Creating support teams
- Achieving and mapping a consistent course
- Avoiding potholes

AND creating a 'can do' / 'will do' collaborative culture

MUST BE our medium term aims

A reminder of the challenge



Closing thoughts

- Our first job is to create a context where providers can succeed
- We know it's tough for you, and it will be for a while, but...
- We also know there is still loads of great work happening in your organisations every day of the week
- We are looking to a future where providers have earned autonomy again, where quality, performance and money co-exist and support each other
- We will support you to get there, and we will energise improvement in the NHS
- Now is your time to show what more you can deliver for your patients