

# Business Plan 2011–2015

## Department of Health

July 2011

*This plan will be refreshed annually*

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# A) Vision

The NHS is a great national institution which embodies the values of a society in which we care about each other, not just about ourselves. Our priority is to transform the NHS into one of the great health systems of the world: true to its values, but fit for the future. To ensure that real-term increases in NHS spending deliver world-class outcomes, we will carefully reform the NHS.

We will end the use of unnecessary and costly management bureaucracy to control the NHS from above. It undermines the dedicated work of doctors and nurses, and cuts patients out of decisions about their own care. Instead, doctors, nurses and patients must be put back in the driving seat.

We will empower local clinical commissioning groups to come together to take direct control of NHS funds to commission the services patients want. This will end the need for less accountable tiers of management including strategic health authorities and primary care trusts.

We want to give patients a free choice over the care they receive, empowered by a revolution in easily accessible, quality information about the results that different GPs, hospitals and other healthcare providers achieve for people. And these providers will in turn be paid by results: rewarded for achieving good outcomes for patients, rather than hitting government performance targets that have no clinical justification.

The whole system will also be strengthened by a bigger role for local communities. Councils will manage protected public health budgets and will be paid by results for encouraging healthier living so that we reduce long term cost pressures on the NHS. Local health services will be truly integrated with social care and with wider services for children. And there will be real financial incentives to tackle health inequalities.

Our reforms will help to create a world-class NHS that saves thousands more lives every year by freeing up resources to go to the front line, giving professionals power and patients choice, and maintaining the principle that healthcare should be delivered to patients on the basis of need, not their ability to pay.

## B) Coalition Priorities

### Structural Reform Priorities

1. **Health and care systems integrated around the needs of patients and users**
  - Strengthen patient's and user's ability to exercise extended choice, to manage their care and to have their voice heard
2. **Promote better healthcare outcomes**
  - Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures
3. **Revolutionise NHS accountability**
  - Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public
4. **Promote public health**
  - Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and a new sense of community and social responsibility
5. **Reform social care**
  - Enable people needing care to be treated with dignity and respect, and reform the system of social care to provide much more control to individuals and their carers, easing the cost burden that they and their families face

## B) Coalition Priorities

### **Other major responsibilities**

#### **Maintain performance on waiting times**

- Maintain performance on waiting times guarantees, including the 18-weeks referral-to-treatment maximum, 4 hour A&E standard and cancer waiting times

#### **Run an efficient and effective Department of State**

- Provide an efficient and effective service to the public, Parliament and Ministers through advice and timely responses to queries on health and adult social care policy

#### **Help prepare for emergencies**

- Work with other departments and public services to ensure that we are prepared for emergencies and other critical events

#### **Devolve leadership of IT development**

- Devolve leadership of IT development to NHS organisations, bringing implementation closer to the front line and promoting innovation in the capacity of IT to improve health and social care

## B) Coalition Priorities

### The Department will no longer...

...micromanage the NHS through the use of central process targets with no clinical justification. Instead, we will give patients access to the data they need to make meaningful choices about their care.

...maintain primary care trusts and strategic health authorities once arrangements to empower local clinical commissioning groups to take control of commissioning for their patients are in place.

...demand burdensome and unnecessary data from local organisations. We will only require the publication of data that helps inform patient choice and hold public servants to account.

...fund arm's length bodies that create unnecessary bureaucracy and duplicate functions. We will abolish arm's length bodies that do not need to exist and streamline those that do.

...cause uncertainty within the NHS by constantly changing strategies. We will make the necessary structural changes to put the NHS on a long term and sustainable footing, and we will do so on a clear and achievable timetable.

## C) Structural Reform Plan

The Coalition is committed to a programme of reform that will turn government on its head. We want to bring about a power shift, taking power away from Whitehall and putting it into the hands of people and communities, and a horizon shift, making the decisions that will equip Britain for long term success. For too long citizens have been treated as passive recipients of centralised, standardised services. This Government is putting citizens back in charge, and Structural Reform Plans are part of this shift of power from government to people.

This section sets out how, and when, the Department will achieve the reforms that are needed to make this happen. Structural Reform Plans are key tools for holding departments to account for the implementation of Programme for Government commitments, replacing the old top-down systems of targets and central micromanagement.

Each month, the Department publishes a simple report on its progress in meeting these commitments. These reports are available on our departmental website and on the Number 10 website.

All legislative timings and subsequent actions are subject to Parliamentary timetable and approval.

# 1. Health and care systems integrated around the needs of patients and users (p.1 of 5)

*Strengthen patient's and user's ability to exercise extended choice, to manage their care and to have their voice heard*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>1.1 Extend choice of treatment and provider to empower patients</b>		
i. Publish commitment in the White Paper 'Liberating the NHS' to create a presumption that all patients will have choice and control over their care and treatment, and choice of any qualified provider, wherever relevant (it will not be appropriate for all services – for example, emergency ambulance admissions to A&E)	Completed	-
ii. Begin preparatory work to give every patient the right to register with the GP practice they want, without being restricted by where they live	Completed	-
iii. Introduce choice of named consultant-led teams for outpatients	Apr 2012	Apr 2012
iv. Begin to introduce choice of care for long term conditions and in diagnostics and post-diagnosis	Apr 2012	Apr 2012
v. Implement choice of treatment and provider in some mental health services, and extend this where practicable	Apr 2012	Jul 2014
vi. Give patients the right to register with a GP practice of their choice if it has an open list	Apr 2012	Apr 2012
<b>1.2 Develop urgent care service</b>		
i. Begin preparations for a 24/7 urgent care service, including the new NHS 111 service, in every area in England	Completed	-
ii. Launch first NHS 111 pilot in County Durham and Darlington PCT and begin to evaluate the pilots	Completed	-
iii. Launch remaining NHS 111 pilot sites in Nottingham City, Lincolnshire and Luton PCTs	Completed	-
iv. Complete the evaluation of NHS 111 pilot sites and informed by its findings, begin implementation in England as appropriate	Apr 2012	Apr 2012
v. Roll out NHS 111 to the whole of England	Aug 2011	Apr 2013

# 1. Health and care systems integrated around the needs of patients and users (p.2 of 5)

*Strengthen patient's and user's ability to exercise extended choice, to manage their care and to have their voice heard*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>1.3 Give people far more information and data on all aspects of healthcare, correcting the imbalance in who knows what and enabling them to make informed choices about their care</b>		
i. Begin regular publication of detailed performance data, in an open and standardised format, on all healthcare providers, including weekly data on healthcare associated infections	Completed	-
ii. Work with stakeholders to develop options on how to ensure that hospitals are open about their mistakes and always tell patients if something has gone wrong	Completed	-
iii. Outline proposals in White Paper to give patients control of their health records and access to the information they need to make choices about their care and to hold providers accountable	Completed	-
iv. Consult on information strategy, including information needs, collection and distribution of information, and ways to encourage more organisations to provide information to patients	Completed	-
v. Publish plan and timetable to deliver greater patient control of records	Dec 2011	Dec 2011
vi. Information Centre begins regular publication of further range of detailed performance data outlined in the information strategy, in an open and accessible format	Completed	-
vii. Begin to implement greater patient control of records, starting with records held by a patient's GP	Completed	-
viii. Release first data on proportion of patients with greater control of their care records	Sep 2012	Sep 2012

# 1. Health and care systems integrated around the needs of patients and users (p.3 of 5)

*Strengthen patient's and user's ability to exercise extended choice, to manage their care and to have their voice heard*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>1.4 Introduce personal health budgets for people with chronic/long term conditions</b>		
i. Explore and develop best practice for integration of personal budgets across health and social care as part of the personal health budget programme	Started	Oct 2012
ii. Publish final evaluation report of personal health budget pilot programme	Oct 2012	Oct 2012
iii. Initiate national roll out of personal budgets for chronic/long term conditions, informed by the results of the evaluation of pilots	Oct 2012	Oct 2012
<b>1.5 Create HealthWatch, a new body to act as the voice for patients and the public</b>		
i. Publish proposals for HealthWatch in the White Paper 'Liberating the NHS'	Completed	-
ii. Include provisions to establish HealthWatch in the Health Bill	Completed	-
iii. Launch HealthWatch nationally	Oct 2012	Oct 2012
<b>1.6 Strengthen the role of the Care Quality Commission</b>		
i. Publish proposals for strengthening the role of the Care Quality Commission (CQC) as a quality regulator in the White Paper 'Liberating the NHS'	Completed	-
ii. Introduce requirement that providers of primary dental care and independent ambulance services register with CQC	Completed	-
iii. Introduce a legislative requirement that providers of primary medical care register with CQC	Apr 2013	Apr 2013
<b>1.7 Develop options, in collaboration with the General Medical Council and European Commission, to strengthen the language competence checks of European Economic Area migrant doctors seeking to work in the NHS</b>	Started	Apr 2013

# 1. Health and care systems integrated around the needs of patients and users (p.4 of 5)

*Strengthen patient's and user's ability to exercise extended choice, to manage their care and to have their voice heard*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>1.8 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</b>	Started	Mar 2012
<b>1.9 Improve the UK competitiveness as a location for clinical trials</b>		
i. Medicines and Healthcare products Regulatory Agency to publish guidance on risk adapted approaches to clinical trials	Completed	-
ii. Establish the Health Research Authority as a Special Health Authority	Started	Dec 2011
iii. Launch the UK Clinical Trials Gateway to make it easy for patients, their doctors, friends, and families to access information about clinical trials underway	Started	Apr 2012
iv. Launch the first two translational research partnerships between academia and the NHS to work with industry to help turn scientific discoveries into treatments	Started	Sep 2011
v. Work with partners and publish plans for a secure e-health record data service that is viable and affordable	Started	Oct 2011
<b>1.10 Support integration of health and social care</b>		
i. Extend and revise policy around emergency readmissions and post discharge care, requiring the NHS and social care services to work jointly to support people in the 30 days after discharge from hospital	Jul 2011	Oct 2012
ii. Publish proposals for closer integration as part of the Social Care White Paper	Apr 2012	Apr 2012



## 2. Promote better health outcomes

(p.1 of 4)

*Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>2.1 Scrap process targets and introduce national health outcome measures to prioritise the health results that really matter</b>		
i. Begin to remove process targets with no clinical justification	Completed	-
ii. Conduct consultation on 'Transparency and outcomes – a framework for the NHS'	Completed	-
iii. Issue first NHS Outcomes Framework	Completed	-
iv. Develop incentives to improve access to primary care in disadvantaged areas	Apr 2012	Apr 2013
v. Implement NHS Outcomes Framework	Started	Apr 2013
<b>2.2 Reform Payment by Results to provide incentives for healthcare services to deliver high quality care</b>		
i. Publish revised operating framework and Payment by Results plan	Completed	-
ii. Publish tariff prices and rules	Completed	-
iii. Start to implement reforms to Payment by Results system in hospitals including roll-out of best practice tariffs	Completed	-
iv. Begin extension of Payment by Results to community services and mental health	Apr 2012	Apr 2012
<b>2.3 Devise a palliative care funding system which is responsive to the wishes of patients, while being fair to all providers and affordable to the public purse</b>		
i. Appoint chair of an independent Palliative Care Funding Review, covering care provided by the NHS, a hospice or any appropriate provider	Completed	-
ii. Consult on the principles to underpin a new funding model for palliative care	Oct 2011	Jan 2012
iii. Undertake pilots for a new funding system for palliative care	Apr 2012	Apr 2014



## 2. Promote better health outcomes

(p.3 of 4)

*Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>2.6 Ensure greater access to talking therapies to reduce long term costs for the NHS, publish mental health strategy and improve offender mental health</b>		
i. Develop and publish policy for Talking Therapies programme	Completed	-
ii. Publish cross-government strategy for mental health services and public mental health	Completed	-
iii. Begin to implement the Improving Access to Psychological Therapies service	Completed	-
iv. Implement a service transformation project to extend access to best available/NICE approved talking therapies for children and young people.	Started	Sep 2015
<b>2.7 Work with the Ministry of Justice to improve outcomes from drug dependency and for offenders in custody and the community (detail in Annex)</b>		
i. Co-design and establish pilots to provide payments based on outcomes to providers to help individuals achieve sustained recovery from drug dependency	Started	Apr 2014
ii. Roll out liaison and diversion services for mentally ill offenders	Started	Nov 2014
iii. Pilot and roll out drugs recovery prison wings	Started	Oct 2013
iv. Develop and pilot alternative forms of treatment based accommodation for drugs and mentally ill offenders	Started	Apr 2013
v. Consider and agree how wider health reforms will impact on health services for offenders in custody and the community	Started	Mar 2012

## 2. Promote better health outcomes

(p.4 of 4)

*Shift focus and resources from bureaucratic process targets to better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>2.8. Promote safe, effective and respectful care by health and social care professionals, through implementation of the professional regulation Command Paper, “Enabling Excellence”</b>		
i. Prepare for the implementation of regular revalidation of doctors, subject to a test of affordability and practicability	Started	Dec 2012
ii. Introduce legislation to regulate practitioners of Chinese and Herbal Medicine	Apr 2012	Jan 2013
iii. Abolish the General Social Care Council and transfer functions to Health and Care Professions Council	Started	Jul 2012
iv. Transfer Council for Healthcare Regulatory Excellence to independent and self-funding status	Started	Apr 2013
v. Abolish the Office of Health Professions Adjudication (subject to passage of necessary legislation) and modernisation of General Medical Council (GMC) legislation on adjudication of fitness to practise cases	Started	Dec 2013
<b>2.9 Support the NHS to release up to £20 billion efficiency savings over four years for reinvestment across the system</b>		
i. Publish Quality, Innovation, Productivity and Prevention (QIPP) national update	Completed	-
ii. Provide support to individual NHS organisations to assist them in producing plans to deliver the quality and productivity challenge the NHS Chief Executive has set them	Started	Mar 2015
iii. Strategic Health Authority (SHA) integrated plans covering quality (including the maintenance of 18 weeks and other performance standards), resources and reform to be finalised	Started	July 2011

### 3. Revolutionise NHS accountability (p.1 of 4)

*Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>3.1 Improve the effectiveness of commissioning</b>		
i. Publish commissioning proposals in the White Paper 'Liberating the NHS'	Completed	-
ii. Establish NHS Commissioning Board as a Special Health Authority in preparatory form	Oct 2011	Oct 2011
iii. Complete the abolition of strategic health authorities	Apr 2013	Apr 2013
iv. Fully establish NHS Commissioning Board	Apr 2013	Apr 2013
<b>3.2 Enhance commissioning to give Clinicians greater autonomy</b>		
i. Consult on proposals for GP consortia	Completed	-
ii. Prepare legislative framework for GP consortia as part of the Health Bill	Completed	-
iii. All GP practices to be part of either a fully authorised or a 'shadow' clinical commissioning group	Apr 2013	Apr 2013
<b>3.3 Strengthen local democratic legitimacy by creating a greater role for local government in health and wellbeing</b>		
i. Publish proposals in 'Liberating the NHS: Local democratic legitimacy in health' for consultation	Completed	-
ii. Include provisions in the Health Bill to strengthen local democratic legitimacy	Completed	-
iii. Begin working with local government to shape proposals for strengthening local democratic legitimacy, including identifying pathfinder councils to refine proposals	Completed	-
iv. Begin to introduce enhanced role for local authorities, through health and wellbeing boards, to promote integration across health, public health and care based on strengthened Joint Strategic Needs Assessment and new joint health and wellbeing strategies	Oct 2011	Oct 2012
v. Develop a national learning programme for early implementer health and wellbeing boards, which brings together partners from local areas to share learning	Started	Apr 2012

### 3. Revolutionise NHS accountability (p.2 of 4)

*Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>3.4 Set providers free, empower professionals and reduce political interference</b>		
i. Publish proposals in the White Paper 'Liberating the NHS' to increase foundation trusts' freedoms, including by: abolishing the cap on foundation trusts' income, enabling foundation trusts to merge more easily and enabling foundation trusts to tailor their governance arrangements to their local needs	Completed	-
ii. Establish a unit to support NHS trust transition to foundation trust status	Completed	-
iii. Complete sign off of all Tripartite Formal Agreements (TFAs) with Strategic Health Authorities and NHS Trusts that set out commitments made by each party to enable achievement of NHS Foundation Trust status.	Started	Sep 2011
iv. Bring forward amendments to the failure regime at the Health Bill's Report Stage in the Commons	Oct 2011	Oct 2011
v. Publish a consultation on amendments to the NHS Constitution to: (a) highlight staff rights to raise concerns about safety, malpractice or other wrongdoing at work; (b) introduce an expectation that staff will raise concerns at an early opportunity; and (c) introduce an NHS pledge to support staff in doing so	Completed	-
vi. Engage with stakeholders, including clinicians, patients and the public on a contractual 'Duty of Candour'	Aug 2011	Nov 2011
vii. Include provisions in the Health Bill to increase foundation trusts' freedoms	Completed	-
viii. Publish consultation on proposals to strengthen NHS workforce planning, education and training	Completed	-
ix. Develop plans to increase the number of co-operatives and mutuals in the NHS	Completed	-

### 3. Revolutionise NHS accountability (p.3 of 4)

*Create a long term, sustainable framework of institutions, with greater autonomy for doctors and nurses, and greater accountability to patients and the public*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>3.4 Set providers free, empower professionals and reduce political interference (continued)</b>		
x. Release first quarterly data on number of co-operatives and mutuals established from within existing NHS Services and supported by DH	Oct 2011	Oct 2011
xi. Separate primary care trust (PCT) commissioning from the provision of services and divest community services from PCTs	Completed	-
<b>3.5 Reduce bureaucracy</b>		
i. Publish a review of arm's length bodies (ALBs)	Completed	-
ii. Introduce legislation to abolish identified ALBs	Completed	-
iii. Begin to abolish and transfer functions of ALBs, subject to Parliamentary approval	Jul 2012	Mar 2015
iv. Abolish primary care trusts once the NHS Commissioning Board and Clinical Commissioning Groups are in place	Apr 2013	Apr 2013
v. Review current legislative powers relating to the governance and operation of NHS Charities to preserve and extend their independence from central government	Started	Mar 2012
<b>3.6 Develop Monitor into a health sector regulator to ensure access, choice, competition and price-setting for health and social care for the benefit of patients</b>		
i. Publish proposals for developing Monitor into a health sector regulator	Completed	-
ii. Include provisions in the Health Bill for Monitor to become a health sector regulator	Completed	-
iii. Monitor begins to take on new regulatory powers	Oct 2012	Oct 2012
iv. Monitor's licensing regime operational	Apr 2013	Apr 2013





## 4. Promote public health

(p. 2 of 3)

*Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and a new sense of community and social responsibility*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>4.3 Establish the Public Health Responsibility Deal</b>		
i. Begin to develop initial plans with representatives from business, voluntary and community sector organisations and local government, looking at the issues of food, alcohol, physical activity and health in the workplace, and incorporating insights from behavioural science	Completed	-
ii. Launch the Responsibility Deal	Completed	-
iii. Continue to update online registry of Responsibility Deal partners	Started	Ongoing
<b>4.4 Work with the Home Office to ensure that hospitals share non-confidential information with the police so they know where gun and knife crime is happening</b>		
i. Distribute funding to strategic health authorities to support information sharing	Completed	-
ii. Monitor information sharing and evaluate its impact	Started	Apr 2012
<b>4.5 Prioritise dementia research within the health research and development budget</b>		
i. Work with partners to publish plan on how to improve the volume, quality and impact of dementia research, within existing resources	Completed	-

## 4. Promote public health

(p. 3 of 3)

*Create a public health service which rebalances our approach to health, drawing together national leadership with local delivery, and a new sense of community and social responsibility*

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>4.6 Recruit 4,200 extra Sure Start health visitors</b>		
i. Develop goals and scope of implementation programme	Completed	-
ii. Develop full implementation plan, including details of: (a) numbers of health visitors needed to achieve a net increase of 4,200 above 2010 levels; (b) initiatives and incentives to drive return to practice; (c) plans to increase health visitor training places; (d) appropriate commissioning structure; and (e) a new module for health visitors in practice and those in education to refresh/provide skills in building community capacity	Completed	-
iii. Develop plans with strategic health authority partners to ensure increased placements, trainers, course availability and clinical placements	Completed	-
iv. Work with the Department for Education to ensure appropriate local joint working between health visitors and Sure Start Children's Centres	Completed	-
v. Include details of new commissioning structure in NHS Operating Framework for 2011/12	Completed	-
vi. Launch and publicise health visitor programme implementation, including appropriate provisions in NHS Outcomes Framework and new return-to-practice pilots	Completed	-
vii. Launch new return-to-practice offer for health visitors	Completed	-
viii. Begin roll out of enlarged service ambition and module for health visitors in practice and those in education to refresh/provide skills in building community capacity	Completed	-
ix. Publish first quarterly status check on progress towards health visitor recruitment goal	Oct 2011	Oct 2011
x. Publish with Department for Education a joint vision for early years	Jul 2011	Jul 2011



<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>A.1 Work with the Ministry of Justice to co-design and establish pilots to provide payments based on outcomes to providers to help individuals achieve sustained recovery from drug dependency</b>		
i. Support the design and establish up to six pilots, with sufficient scale to provide statistically significant results, working with private and voluntary organisations to pay providers by results to rehabilitate offenders with drugs problems	Started	Sep 2011
ii. Work with the selected pilot sites and the Expert Group to co-design the detail of the payment by results model, including how to measure and verify outcome payments	Started	Oct 2011
iii. Support selected pilot sites local areas to implement a local payment by results for drugs recovery scheme, capture best practice and share learning	Started	Apr 2014
iv. Publish payment by results information as data comes in, subject to commercial confidentiality and ONS guidance	Oct 2011	Apr 2014
<b>A.2 Roll out liaison and diversion services for mentally ill offenders, working with the Ministry of Justice</b>		
i. Submit evaluation and impact assessment for youth justice diversion national programme	Started	Dec 2011
ii. Collect data from adult liaison and diversion pathfinder services to assess service models and their impact, and develop the business case for wider roll-out	Oct 2011	Nov 2012
iii. Submit business case and impact assessment for adult diversion services for ministerial approval	Nov 2012	Jan 2013
iv. Commence national roll out and implementation of youth justice diversion services	Apr 2012	Apr 2013
v. Commence national roll out and implementation of adult diversion services	Apr 2013	Nov 2014

<b>ACTIONS</b>	<b>Start</b>	<b>End</b>
<b>A.3. Work with the Ministry of Justice to pilot and roll out drugs recovery prison wings</b>		
i. Design and launch pilots for drugs recovery prison wings which may link to a payment by results approach	Completed	-
ii. Implement the piloting of second tranche of drugs recovery wings, including at a women's prison and a young offender institution	Apr 2012	Oct 2013
iii. Work with the Ministry of Justice, evaluate the impact of the initial drugs recovery prison wings	Jul 2012	Oct 2013
<b>A.4 Work with the Ministry of Justice to develop and pilot alternative forms of treatment based accommodation for drugs and mentally ill offenders</b>		
i. Explore initial proposals for treating mentally ill and drug dependent offenders in the community, including treatment based accommodation as an alternative to custody	Completed	-
ii. Input into the Green Paper on rehabilitation and sentencing reform	Completed	-
iii. Analyse Green Paper consultation responses to inform development of proposals for treatment based accommodation (for both mentally ill and drugs offenders)	Completed	-
iv. Carry out an evaluation to develop evidence on alternative forms of treatment-based accommodation	Started	Sep 2011
v. Agree alternative forms of treatment based accommodation and test sites	Sep 2011	Oct 2011
vi. Commence piloting of test sites	Oct 2011	Nov 2012
vii. Submit proposals to ministers for further roll out of treatment-based accommodation based on evaluation of the test sites	Dec 2012	Apr 2013



## D) Departmental expenditure

This section sets out how the Department is spending taxpayers' money as clearly and transparently as possible.

We have included a table to show the Department's planned expenditure over the Spending Review period, as agreed with the Treasury. It is split into money spent on administration (including the cost of running departments themselves), programmes (including the frontline), and capital (for instance new buildings and equipment). A proportion of this expenditure that goes to the voluntary and community sector and to small businesses.

This section also includes a bubble chart setting out further detail of how DH's settlement will be allocated for the 2011/12 financial year, across its key programmes and activities.

# Table of spending for 2011/12 to 2014/15

This section sets out the Department's planned expenditure over the Spending Review (SR) period, as agreed with the Treasury.

£bn <sup>1 2 3</sup>	Outturn 2010/11	2011/12	2012/13	2013/14	2014/15
<b>Total departmental expenditure allocation</b>	101.9	105.9	108.4	111.4	114.4
<i>Administration spending</i>	5.1	4.5	4.0	3.7	3.7
<i>Programme spending</i>	92.6	97.0	100.0	103.2	106.1
<i>Capital spending</i>	4.2	4.4	4.4	4.4	4.6

Administration spending: the costs of all central government administration other than the costs of direct frontline service provision.

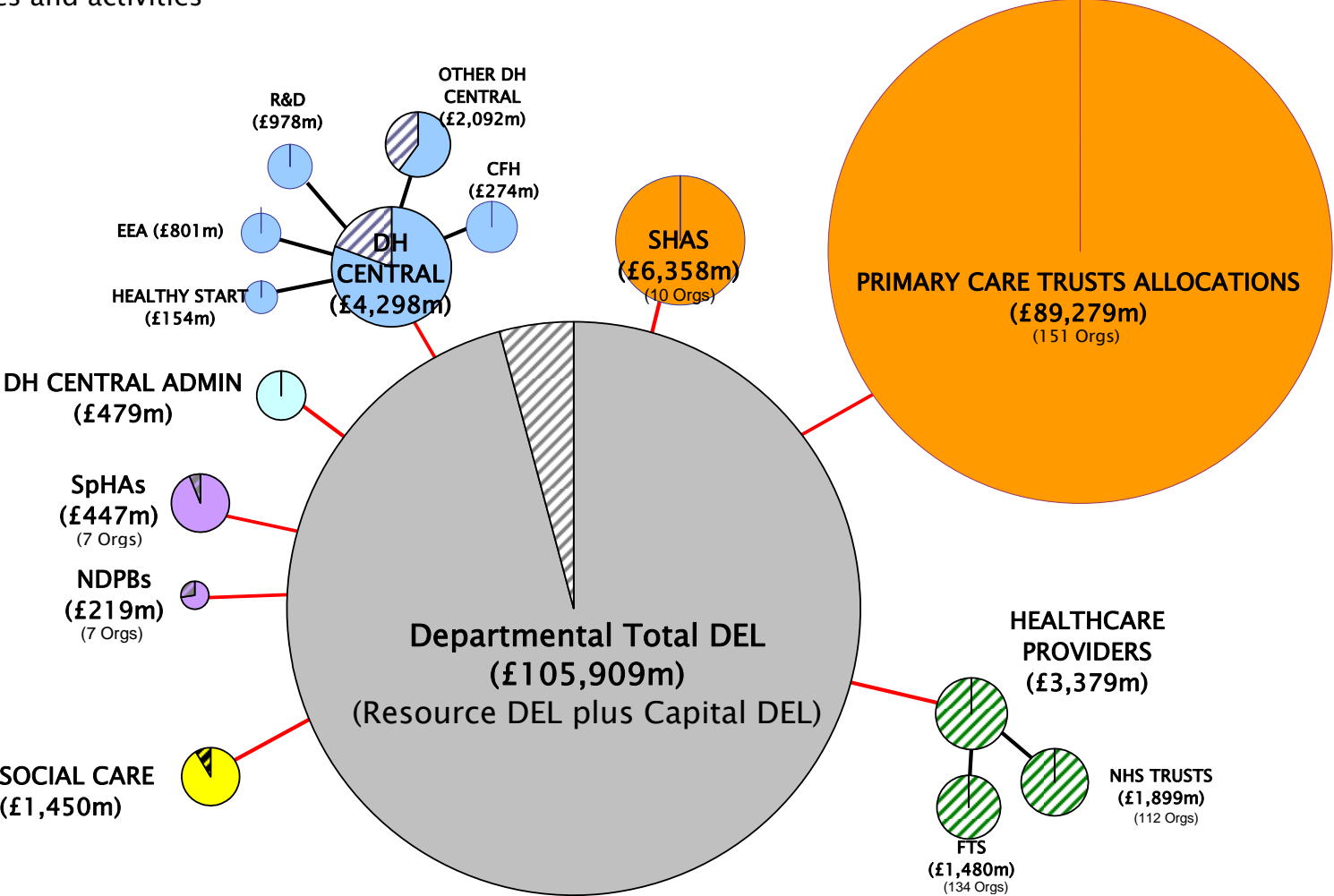
Programme spending: spending on activities, goods and services, such as pay and benefits (excluding administration spending as defined above).

Capital spending: spending on assets with a lasting value, such as buildings and equipment.

1. Outturn for 2010/11 reflects latest position on actual spending whereas 2011/12 onwards reflect the spending plans set out in the SR. Admin Outturn for 2010–11 has been estimated as the wider coverage of new admin spending controls did not apply in 2010–11
2. Excludes departmental Annual Managed Expenditure and depreciation outturn
3. Numbers may not sum due to rounding

# Planned Departmental Expenditure 2011/12

This bubble chart sets out further detail on how our settlement will be allocated for the 2011/2012 financial year, across our key programmes and activities



RESOURCE DEL	CAPITAL DEL

# Common areas of spend

This data aims to let the public compare DH operations against other public and private sector organisations, by setting out the cost of common operational areas against common data standards. Here, departments are setting out historical data from 2009/10 to form a baseline for future updates.

For example in 2009/10, the DH...

... employed 2,627.2 full-time equivalent (FTE) people and engaged 1,007.6 temporary staff

... had an office estate of 63,989sqm with a cost of £27.115m equating to a cost per FTE of £6,752

... procured goods and services with a cost of £618m with third party suppliers, and were able to provide detailed categorisation for 97% of this

... spent £17m with third party suppliers on ICT and had an average cost of desktop per FTE of £1,195

... spent £180.9m on the HR, Finance, Procurement, Legal and Communications aspects of Corporate Services

During the baseline year, few of the data standards above were available for consistent comparison across government. So historical data has not always been prepared on a consistent basis. Departments have set out **caveats and exceptions** that explain how their data fits with the common standard, and are critical to understanding this data. We are working to improve substantially the quality of data and particularly consistency across departments.

More detailed data, the caveats, definitions and supplementary information is available in Annex A. In future, we will publish updates to this information as part of our regular reporting of business plan data.

## E) Transparency

Transparency is key to improved outcomes and productivity in our public services. Public reporting of data promotes higher quality and more efficient services, choice and accountability. Transparency is a driver of economic growth because it enables the development of tools to support users, commissioners and providers of public services.

This section sets out how departments will publish information that will allow taxpayers to assess the efficiency and productivity of public services, holding them more effectively to account. The commitments in this section will be kept under continuous review – it is essential that public services are consistently pro-active in publishing information to help citizens make the best decisions and routinely appraise their success in delivering meaningful transparency to their users.

This Business Plan makes commitments to the publication of key data sets that will improve the transparency of the public service – at the same time, it commits to providing data that is of good quality so that it can be used for effective comparison and to publishing this information in such a way so that it is as accessible as possible. In addition, departments are expected to work with data users to promote awareness of new data sets as they are published so that they become the focus of innovation and enterprise.

In most cases, data will be available free of charge.

# Information Strategy (p.1 of 2)

The Department and its public bodies are committed to improving data transparency and are making a vast wealth of relevant information accessible to the public on a number of websites, including the Department's, the NHS Information Centre's and data.gov.uk. We apply the Public Data Principles in our data management approach ([http://data.gov.uk/wiki/Public\\_Data\\_Principles](http://data.gov.uk/wiki/Public_Data_Principles)).

Our government's 2010 White Paper consultation document – *Liberating the NHS: An Information Revolution* – sought views on our proposals for an information revolution for health and adult social care in England, to transform the way information is accessed, collected, analysed and used in the NHS and adult social care services – so that people are at the heart of those care services. The consultation closed on 14 January 2011 and responses are now being analysed. We have been very keen to listen and will use the responses to the consultation and also from recent listening exercise to develop a detailed **information strategy for health and adult social care in England** and further plans to put this information revolution into effect.

As well as being an important principle in its own right, transparency can also help to promote efficiency and drive down cost. For example, the breakdown of NHS expenditure into different disease classifications helps NHS Trusts to identify where their costs are out of line with those of the best. Making such information available will also help the public and other stakeholders to identify wasteful expenditure, further increasing efficiency.

While the Department and its arm's length bodies and the NHS are committed to proactively releasing data, we recognise that individuals may not be aware of exactly what is available, and that there may be gaps that we are unaware of. Therefore, prior to the introduction of any Right to Data legislation, requests by the public for the release of datasets can be made through the Department's Customer Service Centre. The Department is currently the top performer across Whitehall in responding to Freedom of Information requests.

## Information Strategy (p.2 of 2)

The Department is currently undertaking a fundamental review of NHS data returns, covering the Department and its arms length bodies. This programme of work will result in a public consultation on the recommendations. Over 300 central data returns have been assessed for strategic fit with Ministerial priorities and decommissioning of the relevant returns will commence following public consultation.

We want the public, service users and local authorities to engage in service development, and to this end we have carried out public consultations on transparency in outcomes. Where appropriate, data is published by gender, age, race and socio-economic group to promote fairness for disadvantaged and vulnerable groups, and to help drive down costs by allowing further benchmarking.

From this wealth of information, the Department's business plan sets out the high-level indicators that we believe are the most important to increase transparency. More detailed supporting indicators are set out in the NHS Outcomes Framework, published in December 2010. Separate Public Health and Social Care Frameworks are due to be published by autumn 2011.

So that the public and professionals have confidence in our data, our intention is that we and our partner organisations will publish the impact indicators as National Statistics. In the first year of the Spending Review period, any measures that are not National Statistics will be published in line with the principles and protocols of the Code of Practice for Official Statistics and any necessary interim exceptions explained.

All work on transparency, including developing the transparency framework across the Department will be taken forward at Board level by Richard Douglas, Director General for Policy, Strategy and Finance.

[richard.douglas@dh.gsi.gov.uk](mailto:richard.douglas@dh.gsi.gov.uk) Technical details of DH's input and impact indicators are available in the measurement annex, which is available on our website, as an Excel spreadsheet.

# Input indicators

The indicators set out in this section are just a subset of the data gathered by the Department which will be made transparently available as outlined in the Information Strategy. The Department has adopted the following input indicators:

Input indicator	When will publication start?	How often will it be published?	How will this be broken down?
Breakdown of NHS spend by programme budget	Existing	Annually	In various ways - see website
Breakdown of adult social care spend	Existing	Annually	By local authority and by client group England (National and regional level) and by service type
Unit cost of treatment for patients staying in hospital for treatment they have chosen	Existing	Annually	Nationally and by service and organisation
Unit cost of treatment for patients staying in hospital for emergency treatment	Existing	Annually	Nationally and by service and organisation
Unit cost for patients visiting hospital for treatment	Existing	Annually	Nationally and by service and organisation
Unit cost of patients receiving community care	Existing	Annually	Nationally and by service and organisation
Unit costs of patients being treated for mental health problems	Existing	Annually	Nationally and by service and organisation
Unit cost of a GP consultation	Existing	Annually	Nationally
Unit cost of a prescription item dispensed in the community	Existing	Annually	Nationally
Unit cost of residential and nursing care for older people, people with learning disabilities and other client groups	Existing	Annually	By local authority
Unit cost of social care at home (home help and care)	Existing	Annually	By local authority
Unit cost of receiving day care for older people, people with learning disabilities and other client groups	Existing	Annually	By local authority

# Impact Indicators

Our impact indicators are designed to help the public to judge whether our policies and reforms are having the effect they want. Further detail on these indicators can be found in our full list of datasets. The Department has adopted the following indicators:

Impact indicator	When will publication start?	How often will it be published?	How will this be broken down?
Differences in life expectancy and health expectancy between areas	Existing	Annually (on a 4 year rolling basis)	National measure based on deprivation and area
Low birth weight of term live births by socio-economic group	Existing	Annually	National and PCT and LA
Incidence of low birth weight in all live births by socio-economic group	Existing	Annually	National and PCT and LA
Deaths that might have been avoided by better treatment (Mortality from causes considered amenable to healthcare)	2011 – correct definition being developed	Annually	Regionally (possibly inc sub-nationally, regional/PCT, LA, age, gender, deprivation)
Mortality rate from causes considered preventable	December 2011	Annually	Regionally (possibly inc sub-nationally, regional/PCT, LA, age, gender, deprivation)
Quality of life for people with long term conditions	2012	Bi-Annually from GP Patient Survey Annually from the Health Survey England	Sub-nationally (possibly inc sub-nationally, regional/PCT, LA, age, gender, disability sexual orientation, deprivation)
Quality of life for people receiving social care	Sept 2011 in relation to 2010/11	Annually	Geographic area, equalities group, client group
Emergency admissions for conditions not usually requiring hospital admission	April 2012	Quarterly	By NHS trust, sub-national (regional PCT/LA, provider), age
Emergency readmissions within 28 days of leaving hospital	April 2012.	Quarterly	By NHS trust (as above)
People's experience of primary care	June 2012	Half yearly From 11/12	By GP practice, ethnicity, religion, belief, sexual orientation
People's experience of being in hospital	Existing	Annually	By NHS trust
Satisfaction with adult social care services	Sept 2011 in relation to 2010/11	Annually	By local authority, geographical area, equality group, client group
Safety incidents reported by care providers that lead to serious harm	April 2011	Quarterly	NHS Trust inc: provider, age
Safety incidents reported by care providers	April 2011	Quarterly	NHS Trust inc: provider, age

## Other data (p.1 of 4)

We publish a further range of data under three headings:

1. **Data to help people judge the progress of structural reforms**
2. **Data that demonstrates our commitment to the NHS Constitution, including to the maintenance of low waiting times**
3. **Organogram**

As our Vision makes clear, we are increasing the focus towards better healthcare outcomes, including national health outcome measures, patient reported outcome measures and patient experience measures. As the Outcomes Frameworks for the NHS, Public Health and Social Care are completed, these will become central to assessing and monitoring overall performance.

## Other data (p.2 of 4)

Data to help people judge the progress of structural reforms
Proportion of population covered by NHS 111 service, by local authority
Proportion of patients with greater control of their care records, by local authority
Proportion of NHS trusts that have converted to foundation trust status, by local authority
Names of businesses, voluntary and community organisations and local authorities which are part of the Responsibility Deal, nationally
Numbers of health visitors and distribution in relation to children under 5, and progress with training for new health visitors and the current workforce

## Other data (p.3 of 4)

### Data that demonstrates our commitment to the NHS Constitution

Waiting times performance against the 18-weeks standard

Waiting times in A&E

Ambulance response times

Cancelled operations

Cancer waiting times

Since Quarter 4 2009/10 all national statistics on cancer waiting times, including those statistics covering the commitment to the two week wait in the NHS Constitution, have been published in a single on-line repository for ease of access

(<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performedataandstatistics/HospitalWaitingTimesandListStatistics/CancerWaitingTimes/index.htm>) \*

\*This website includes detailed statistics on cancer waiting times showing every NHS provider on a quarterly basis, commentary and technical details along with the steps the Department of Health takes to protect the confidentiality of the patients included in these statistics. The Review of Cancer Waiting Times Standards, published as part of the supporting documentation for Improving Outcomes: A Strategy for Cancer (January 2011) suggested that further enhancements to these statistics could be made. The Department is currently considering this recommendation.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123371](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371)

## Other data (p.4 of 4)

### Organogram

Details of the DH ministerial team, top level structure, policy responsibilities and team costs are published on [www.data.gov.uk](http://www.data.gov.uk). The public can access this information via the Department of Health's website

[http://www.dh.gov.uk/en/Aboutus/HowDHworks/Transparency/DH\\_127549](http://www.dh.gov.uk/en/Aboutus/HowDHworks/Transparency/DH_127549)

