

Department of Health Forward Plan

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2005-06 Plan

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Section 1 Aims and Objectives

1. The Department of Health's overall aim is to improve the health and well-being of the population of England.
2. The distinctive roles of the Department include:
 - developing strategy and direction for the health and social care system – including not for profit and private providers – while maintaining the integrity of the system and its values;
 - providing the legislative framework;
 - building capability and capacity;
 - setting some standards and ensuring others are set;
 - securing and allocating resources, and ensuring that their usage provides value for money;
 - ensuring accountability to the public and Parliament.
3. To carry out this role, the Department is organised into three Business Groups, responsible for:
 - Health and Social Care Standards and Quality
 - Health and Social Care Delivery
 - Strategy and Business Development.

An organisational chart for each group is attached.

4. Under Sir Nigel Crisp's chairmanship, the Departmental Management Board coordinates the leadership and management of the Department, in support of Ministers.

Objectives

5. The Department's objectives, deriving from its Public Service Agreement with HM Treasury, are to:
 - improve and protect the health of the population – with special attention to the needs of the poorest, and those with long-term conditions;
 - enhance the quality and safety of services for patients and users, giving them faster access to services and more choice and control;
 - deliver a better experience for patients and users;
 - improve the capacity, capability and efficiency of the health and social care systems, ensuring that system reform, service modernisation, IT investment, and new staff contracts deliver improved value for money and higher quality;

- improve the service we provide as a Department of State to – and on behalf of – Ministers and the public, nationally and internationally;
- become more capable and efficient as a Department, and cement our reputation as an organisation that is both a good place to do business with, and a good place to work.

Section 2 Values

6. Work is currently underway to bring together and articulate the Department's aims and principles. In order to ensure that we are putting patients and the public at the centre of all our policy, the following draft working principles, drawn from interviews with staff and managers across the Department, will be further developed with staff through the summer:
- **leading and sharing best practice** – we are a leading Whitehall Department, that sets standards of excellence across the wider health and social care system, focused on measurable improvements in health and well being;
 - **working together in partnership** – we work collaboratively within and between teams, with other Departments and with the wider system to achieve the most productive outcomes;
 - **learning and continuously improving** – we bring together our collective skills, knowledge and experience to develop new ways of working that improve our performance and support wider system reform;
 - **adding best value** – we make the best use of available resources to deliver solutions valued by stakeholders and end users;
 - **respecting and supporting each other** – we value diversity by respecting and supporting the contribution of others. We challenge unacceptable attitudes and behaviours.

Section 3 Progress in 2004-05

7. In 2004-05 we achieved substantial progress in delivering the improvements in health and social care set out in existing Public Service Agreement targets and improving people's lives. These included:
- shorter waiting times for primary care, for outpatient and inpatient appointments, in A&E Departments;
 - continuing falls in premature death from cancer, coronary heart disease and suicide;



- implementation of the *Valuing People* White Paper commitments on services for people with learning disabilities, and the Older People's National Service Framework;
 - direction-setting publications across our key areas of business: *the NHS Improvement Plan* and *Creating a Patient-Led NHS; Choosing Health*; and *Independence Well-being and Choice*; as well as other important publications such as the Children's NSF;
 - completion of the Mental Capacity Act, Health Protection Agency Act and Human Tissue Act;
 - well-designed and tested emergency planning arrangements;
 - supporting the launch and operation of the first NHS Foundation Trusts.
8. The Department's contribution during 2004-05 involved leadership and support for local service delivery and improvement, and direction setting for the future. *The NHS Improvement Plan*, published in June 2004, charted the way forward to 2008. The objectives and related achievements during 2004-05 were:

To **improve and protect the health of the population – with special attention to the needs of the poorest, and people with long term conditions**

- consulted and published a direction setting White Paper *Choosing Health*, backed by increased resource commitments and a delivery plan to ensure effective cross-cutting action locally and nationally;
- made real progress towards reducing health inequalities and achieving PSA targets, focusing on the most disadvantaged areas and groups, and those with lowest life expectancy;
- well-designed and tested emergency planning arrangements, including closer working arrangements with other countries;
- launched the flu pandemic plan – providing good practice examples to much of the world;
- published *Supporting people with Long Term Conditions* in January 2005, which outlines a new framework for the care of people with long term conditions and the appointment of 3,000 new community matrons;
- published national service framework for long term neurological conditions in March 2005.

To **Enhance the quality and safety of services for patients and users, giving them faster access to services and more choice and control**

- led national procurement of new Independent Sector Treatment Centre capacity, providing new capacity to treat more NHS patients, increasing choice and improving access to elective care;
- established the UK Clinical Research Collaboration to: develop the NHS infrastructure for clinical research; co-ordinate research funding in key areas; create a strong career structure for clinical academic staff; and minimise the negative impact of regulation and bureaucracy in clinical research;
- recruited additional dentists from abroad, deployed to areas of greatest need;
- published the first ever national standards for the NHS *Standards for Better Health*, covering safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health.

To **Deliver a better experience for patients and users**

- developed the strategy for information to support greater patient choice;
- assisted with implementation of new GP and pharmacy contracts;
- completed and successfully launched the Social Care Green Paper *Independence, Well-being and Choice*, setting out a programme to transform the lives of people who use social care and offer them more control and choice.

To **Improve the capacity, capability and efficiency of the health and social care systems, ensuring that system reform, service modernisation, IT investment, and new staff contracts deliver improved value for money and higher quality**

- started roll-out of key national NHS IT initiatives;
- set in train major reconfiguration of the Department's Arms Length Bodies to streamline this sector and free up resources for the front line through target savings of £500 million by 31 March 2008;
- rolled out the first stage of payment by results – new system of payments designed to support introduction of choice;
- published *Creating a Patient-led NHS: Delivering the NHS Improvement Plan*, setting out for leaders in the health and care system how some of the biggest changes in the NHS system will be taken forward;
- supported a growing workforce, with many staff now extending roles to use skills more effectively.



To **Improve the service we provide as a Department of State to – and on behalf of – Ministers and the public, nationally and internationally**

- by the end of 2004 we were exceeding all our targets for replies to Ministerial correspondence and departmental e-mail;
- ended the 2004-05 session with all PQs answered, and all outstanding letters from MPs with Ministers for signature within one day of the Dissolution;
- reduced average time to answer Commons written PQs to 10 working days (from 12 in 2003-04);
- created in each Business Group a dedicated flexible capacity to support in year pressures;
- established programme management for our contribution to the UK Presidency of the EU – viewed as amongst ‘best practice’ across Whitehall.

To **Become more capable and efficient as a Department, and cement our reputation as an organisation that is both a good place to do business with, and a good place to work**

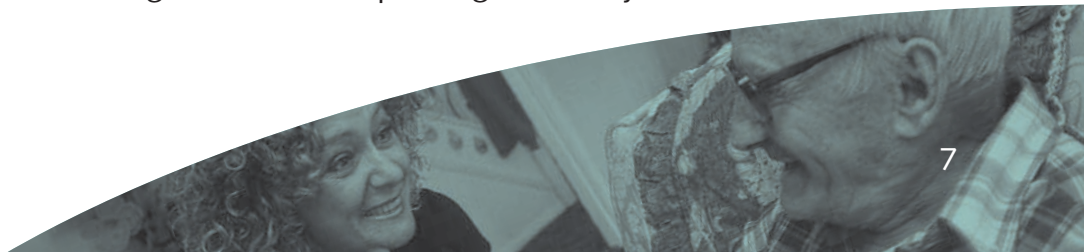
- completed the Department’s restructuring programme, simplifying its structures, developing new ways of working and reducing in size to operate within an establishment of 2245 posts;
- refocused and strengthened the Department’s HR function, increasing professional expertise in workforce planning, resourcing, organisational and leadership development;
- developed the Department’s HR strategy aimed at supporting better deployment of staff and their talents, improving the way we manage and develop our people;
- established the National Leadership Network for Health and Social Care to provide collective leadership for the health and social care system during the next phase of transformation;
- undertook baseline stakeholder perceptions audit to allow measurement of progress in coming years.

2005-06 PLAN

Section 4. Main challenges for 2005-06

9. This Plan focuses on what the Department will do in 2005-06 to lead and support our drive to achieve the Government's objectives for health and social care, and to support Ministers in their accountability to the public and Parliament. It reflects the distinctive contribution that the Department can make – and the ways in which the Department aims to add value.
10. The Department will work to ensure that service users are able to lead and shape improvement, and to support their choices. This is a powerful theme for all strands of our work – with the NHS, with social care, and in improving health.
11. While much will continue from previous years, some things will feel very different. Key among these are:
 - a growing focus on action to safeguard quality and safety of services, and deliver value for money;
 - increased emphasis on health improvement by delivering *Choosing Health*;
 - a major listening exercise leading to a White Paper on 'out of hospital' health and care, incorporating follow-up work to the Green Paper on Adult Social Care;
 - introduction of the Mental Health Bill, NHS Redress Scheme Bill and the Health Improvement and Protection Bill;
 - improved delivery of PSA targets through action on obesity, sexual health, substance misuse, inequalities and the performance of NHS Smoking cessation services;
 - growing our understanding of how best to work with new systems and tools – the new inspection and regulation regime, payment by results and Foundation Trusts – to ensure these deliver real benefits by giving patients and the public more control;
 - playing our part to make a success of the UK presidency of the EU;
 - in the Department itself, 2005-06 will be the year that we start to embed a process of continuous improvement to ensure we are working as effectively and efficiently as possible.

This Plan covers the year 2005-06. After this, the Department will move to three-year forward plans, matching the NHS and Spending Review cycle.



Section 5. Key areas for action in 2005-06

12. The Business Group plans summarise the full range of work planned across the Department for 2005-06. More detail on individual work areas is available in Directorate and team plans. Here we highlight some of the priorities for action.

To **Improve and protect the health of the population – with special attention to the needs of the poorest, and those with long-term conditions**

- put in place the 2005-06 commitments in *Choosing Health*, in particular on food labelling and promotion, nutrition and exercise;
- legislation on smoking in public places and a smoke free NHS by 2006;
- regional Public Health groups to work with partner organisations to implement *Choosing Health*;
- secure further reductions in early deaths from coronary heart disease and cancer, by:
 - improving access to heart services;
 - preparing the new national bowel screening programme, to be introduced from April 2006;
 - helping spearhead PCTs tackle inequalities in cancer mortality
- review the Human Fertilisation and Embryology Act;
- minimise the impact of environmental hazards and infectious diseases such as tuberculosis, hepatitis C and vCJD;
- support people with long-term conditions to live healthy lives by offering a personalised care plan to those most at risk;
- continue high quality planning against emergencies eg a flu pandemic or deliberate release of chemical, biological or radiological agents.

To **Enhance the quality and safety of services for patients and users, giving them faster access to services and more choice and control**

- ensure every patient can choose between four or five providers for hospital outpatients and elective care by the end 2005;
- consult widely on ways of improving primary care and other out of hospital services;
- widen choice in primary care and for people with long term conditions;
- improve access and responsiveness in primary and urgent care through extended services such as NHS and commuter walk in centres, practitioners with special interests and shifting more services from secondary to primary care settings;
- modernise ambulance services, ensure restrictive booking practices in primary care are managed out of the system and community hospitals are developed to provide high quality care in locally based settings;

- continue to speed up access to hospital care, meeting the December 2005 target of everybody being admitted within six months of being referred by their GP, and everybody receiving their first outpatient appointment within 13 weeks of being referred by a GP;
- continue preparations towards delivering the target that, by 2008, everyone who needs inpatient hospital care will be admitted for treatment within 18 weeks of being referred for their first outpatient appointment;
- develop stronger standards and safeguards for patients through professional regulation reforms;
- reduce the impact of healthcare associated infections by introducing legislation on inspections and a code of practice, and deliver "Winning ways" and the strategy to ensure we have cleaner hospitals;
- implement, with the Healthcare Commission, *Standards for Better Health* as the basis for their new assessment process to ensure NHS organisations meet the core standards and can demonstrate progress on the developmental standards;
- improve the completeness and speed of implementation of Safety Alert Broadcasts across the NHS to improve patient safety;
- introduce legislation on inspections for Healthcare Acquired Infections and deliver the strategy to ensure we have cleaner hospitals;
- deliver effective medicines management.

To **Deliver a better experience for patients and users**

- support delivery of *Creating a Patient-led NHS* and more personal care and services for patients and users;
- continue work on the Social Care Green Paper, including direct payments, as part of the White Paper on health and care 'out of hospitals';
- develop a new National Framework for eligibility criteria for NHS continuing care;
- manage the introduction and passage of legislation on NHS Redress;
- establish a new Health Insight Unit to improve our understanding of public and patient needs, expectations, attitudes and behaviour through analysis and research, to inform the design and configuration of the health and care system and the strategy for public health;
- continue to support implementation of the National Service Frameworks for older people, children and maternity services, diabetics, CHD, renal services, mental health, long-term conditions and the NHS Cancer Plan;
- support delivery of a personalised service for patients and users;
- support the passage of the Mental Health Bill through Parliament.



To **improve the capacity, capability and efficiency of the health and social care systems, ensuring that system reform, service modernisation, IT investment and new staff contracts deliver improved value for money and higher quality**

- build new service capacity and increase the diversity of NHS provision – particularly in elective, diagnostics and primary care;
- simplify the management systems for PCT shared commissioning;
- ensure that a development programme helps NHS Trusts to become NHS Foundation Trusts, and a similar structured programme supports PCTs in their development;
- continue to promote learning and research through the new NHS Institute for Innovation and Improvement, and through the Care Services Improvement Partnership;
- help the NHS make appropriate use of genetic knowledge and technology as it emerges and strengthen specialised genetic services;
- publish a financial strategy for 2006-10 to guide and support local action and prepare for sustaining improvements in productivity and delivery of health and social care objectives;
- ensure that:
 - Gershon efficiency savings are delivered;
 - preparation for the next Spending Review continues;
 - the NHS supply chain is restructured.
- take forward the workforce strategy for health and social care, by:
 - publishing a new NHS Workforce Strategy;
 - developing a career framework to integrate modern systems of reward, regulation, workforce planning, learning and personal development.
- act to ensure that health and social care incentives promote effectiveness and efficiency by:
 - supporting implementation of ‘payment by results’ and the accompanying financial framework;
 - contributing to the review of the General Medical Services contract’s Quality & Outcomes Framework, from 2006, to better reflect Government priorities to improve the population’s health and the care they receive;
 - further piloting of fee for service models for hospital consultants and other clinical staff;
 - ensuring successful implementation of new primary care contracting arrangements;
 - continuing national roll out of Agenda for Change with all NHS staff assimilated by September 2005.

- roll out and reap the benefits of the NHS IT infrastructure;
- continue to reconfigure the arms-length bodies and deliver the savings proposed by the review;
- consult on and develop a transparent funding allocation system and strategy for research.

To **Improve the service we provide as a Department of State to – and on behalf of – Ministers and the public, nationally and internationally**

- continue to support Ministers and Parliament;
- support a successful UK presidency of the European Union;
- introduce the EU Health card (replacing E111) by December 2005;
- support health and social care delivery through effective research and development;
- build up the NHS as a 'Brand for Health'.

To **Become more capable and efficient as a Department, and cement our reputation as an organisation that is both a good place to do business with, and a good place to work**

- contribute to and influence the Civil Service wide "Professional Skills for Government" initiative to ensure that we have the right skills, expertise and experience to support the work of the government, and implement this within timescales set by the Civil Service Management Board;
- develop the Department's information and business systems, together with our knowledge base for supporting policy delivery;
- develop an organisational understanding of skill and capability development requirements;
- reinforce new business processes, including the role of the Customer Service Centre, to ensure we get high-quality information and pass the right messages to our customers in good time, through correspondence, email and telephone enquiries;
- embed equality in health and social care programmes;
- strengthen our engagement with external stakeholders, including through:
 - new models for managing stakeholder relationships, supported by new ways of working;
 - strategic partnership agreements with key stakeholder organisations;
 - a more collaborative approach to policy making.
- maintain a programme of continuing business improvement and support staff to make the Department more effective and efficient;



- establish flexible pools of staff to be deployed into newly identified areas of high priority;
- develop our internal communications;
- develop focused strategic agreements for working in partnership with other government departments.

Section 6. Change Control for the Forward Plan

- 13.** In the period to March 2005, the Department reduced its number of staff to operate within an establishment of 2245. This was a result of the devolution of responsibility and resources to the health and social care systems, with a more strategic role for the Department. It also reflected the wider cross-Government drive for greater efficiency in the Civil Service.
- 14.** Our plans for 2005-06 need to be realistic about what this smaller number of people can do. We must ensure that robust systems are in place so that, if new high-priority work comes along, there is a process for stopping or delaying work on something of lower priority to make way for it: the 'one in, one out' principle.
- 15.** This Plan sets out the priority work programme we believe the Department can deliver, and shows how we will match this to staff numbers and expenditure. More detailed Plans are available at Group level and below.
- 16.** The Policy Hub will work with Group Business Teams and Group Directors to operate this change control process. Everyone will need to work together to ensure that no proposal for new work goes to ministers or senior officials for decision without a costed submission, and GBT clearance, to confirm that resources have been identified or to offer choices of other work that could be slowed down or stopped.
- 17.** Increasingly, the Department is adopting a project-based approach, with many staff working on time-limited activities. Flexible pools of staff have now been established for rapid deployment – or re-deployment – into areas where work of higher priority has emerged.

Section 7. Resources

18. The Department is responsible for ensuring that all funding for the NHS and social care – some £83 billion in 2005-06 – is well spent. We have direct responsibility for securing best value from the resources spent on the Department itself.

DH spending on administration	2003-04	2004-05 estimated	2005-06 plan	2006-07 plan	2007-08 plan
	£m	£m	£m	£m	£m
Resources consumed	283	281	249	227	225
Capital spending	19	17	20	18	18
Total	302	298	269	245	243

19. For the year 2005-06, these resources will be divided between business groups, as in the table below.

	£m	Staff (wte)
Health & Social Care Standards and Quality	56	789
Health & Social Care Delivery	37	632
Strategy & Business Development	50	824
Central services (such as accommodation and IT)	86	
Staff transfers to other organisations	20	

Fuller detail matching resources and staff numbers to areas of work are in group and directorate plans.

Section 8. Continuous Improvement and Organisational Development

- 20.** In 2005-06, we will move on from internal structural change. The next step is to build on what we have learnt from the work of the Trailblazers, and others across the Department, on ways to work more efficiently and effectively. The time is right to move on from a series of test and development projects to apply what we have learnt systematically across the Department and measure our improvement.
- 21.** With Trailblazers and others, we have identified six areas where doing things better in the Department will make a real impact on our performance and ultimately our ability to deliver our contribution to improving the health and social care system. In some cases, the focus will be on systematic adoption of existing good practice, in others we will apply new approaches that have now been tested.
- 22.** For each of these areas, there are one or two major changes which will be consulted on before being introduced in 2005-06. Clear material on what we will do and how to achieve these improvements, and some clear measures of progress will be provided. We are also ensuring that we have support for staff from training and development resources to help with implementing the changes:

Improvement	What it involves
1. A common policy initiation process	<ul style="list-style-type: none"> • Clear processes for deciding what work to do • Ensuring we consistently apply best practice in policy development and project management as we plan our policy work
2. Giving stronger leadership to the social care and health systems	<ul style="list-style-type: none"> • Developing stronger relationships and better communications with local government and social care • Increasing internal awareness and understanding of the social care context and implications • Strengthening our expert leadership to the social care and health systems, for example in finance, IT, procurement and communications

Improvement	What it involves
3. A better service to ministers and the public	<ul style="list-style-type: none"> • Getting it right first time in Parliamentary Questions, Freedom of Information, correspondence and ministerial briefing
4. A good organisation to do business with	<ul style="list-style-type: none"> • Action to improve relationships with our stakeholders, including the new National Leadership Network and other networks • A focus on improving working relationships with other government departments, local government, and our arms length bodies • Developing a more professional approach to working with all external stakeholders
5. A good place to work	<ul style="list-style-type: none"> • Priorities will include: <ul style="list-style-type: none"> – More streamlined recruitment arrangements, replacing 'Fairer Job Specific Selection' – A fairer, more effective pay and performance-related pay system – Better learning and development opportunities at all levels – A simpler, more effective set of competencies, including the new Civil Service 'Professional Skills for Government' competencies – A new induction process for all new staff – IT, office accommodation and employee health improvements – More involvement of staff in developing internal initiatives and more face-to-face communications
6. Managing performance to ensure improvement	<ul style="list-style-type: none"> • Simpler, more effective and complementary organisation, team and individual performance management processes • Promoting 'continuous business improvement', measuring how we are doing, and reporting back on it • Better governance – greater clarity over where decisions are taken and who is accountable

For 2006-07, other changes will follow as part of the continuous improvement cycle.



- 23** A new Learning and Development Strategy is in development. It will emphasise the need to relate future development activity to specific business needs and outcomes.
- 24.** Staff will also be able to get help with the improvements through the use of IT:
- improvements to the support and availability of ROIS including, where justified, introduction of Blackberry and broadband access from home, will allow staff to access their information at times that meet their own needs and the needs of the business;
 - many of our current systems – CHIP, the Directory and the Correspondence Management system – are being enhanced and new ones – the Delphi portal, collaborative working and a stakeholder management tool – are being introduced;
 - the Knowledge Management engagement programme is providing training and workshops to help everyone use systems like MEDS and UNIFY more effectively and consider how they can support improved working practices and knowledge sharing.

Section 9. Risks

- 25.** A key part of the Department's work is to ensure that any risk factors affecting the achievement of our business are identified and managed.
- 26.** At senior level, the Departmental Management Board has overall accountability for ensuring that high-level risks to the Department's business are managed effectively. To do this, it reviews a quarterly high-level risk register, examines risk management action on specific risks, and decides on action on any specific risks brought to its attention. It relies on work at all levels in the Department to ensure that risks are identified, managed, and escalated where necessary:
- the DMB's business committees manage risks in the areas they cover;
 - each business group maintains a risk register, identifying the key risks across their group and how they are being handled;
 - the Central Programme Office maintains a database of high level risks for each of the main delivery programmes;
 - staff across the Department need to ensure that risks to delivery of their own work programme are identified and managed appropriately.

27. The Audit Committee also reviews the high-level risk register, and periodically reviews management of key risks.
28. The risk register has been reviewed in the light of this Forward Plan.

Section 10. Measuring progress

28. The process of producing the Forward Plan itself provides a foundation for managing our business by:
 - setting out the Department's priorities for action and what we need to do to deliver them;
 - prioritising activities according to available resources;
 - building in flexibility to allow for new and emerging work;
 - identifying interdependencies between activities;
 - managing risks;
 - shaping development activity;
 - providing a baseline against which to monitor achievements;
 - providing a framework for team and individual objectives.
30. In the past, our work to monitor progress in the course of the year has been focused on progress in the local delivery of services to patients and the public. This will of course continue, but we shall also take new steps to hold ourselves to account for our performance in implementing this plan, with the same rigour we apply to ensuring delivery by the NHS and in social care.
31. The Departmental Management Board will formally agree and monitor progress quarterly against the top-priority deliverables for the Department and the high-impact changes. Business Groups and Directors will also monitor progress against their linked delivery plans.

Department of Health Management Board



Sir Nigel Crisp

Chief Executive of the Department of Health and the NHS



John Bacon

Group Director,
Delivery



**Professor Sir
Liam Donaldson**

Chief Medical Officer,
Group Director,
Standards & Quality,



Hugh Taylor

Group Director,
Strategy & Business
Development



Christine Beasley

Chief Nursing Officer



Richard Douglas

Director of Finance
& Investment



Sian Jarvis

Director of
Communications



Stephen O'Brien

Director of Strategy

Two non executive directors:

- Derek Myers
- Julie Baddeley

The Department and its Business Groups



Chief Executive: **Sir Nigel Crisp**

Health and Social Care Delivery Group

Director: **John Bacon**



- Access
- Finance & Investment
- Workforce
- Programmes & Performance
- Commercial
- Development
- System Reform
- IT Service Implementation
- Group Business Team

Health and Social Care Standards and Quality Group

Chief Medical Officer and Director: **Sir Liam Donaldson**



- Healthcare Quality
- Programmes
- Research and Development
- Care Services
- Health Improvement
- Regional Directors of Public Health
- Health Protection, International Health & Scientific Development
- Group Business Team

Strategy and Business Development Group

Director: **Hugh Taylor**



- Corporate Management & Development
- User Experience & Involvement/Professional Leadership
- Communications
- Strategy
- ALB Organisation Review and Implementation
- Group Business Team



Director of Equality and Human Rights: **Surinder Sharma**



Health and Social Care Delivery Group (includes NHS Connecting for Health) Director: John Bacon



Access

Director: Margaret Edwards

Reports to John Bacon
Works across the whole health system with NHS colleagues and key stakeholders, to improve access and choice for faster, more patient-responsive care.

- Primary care
- Secondary care
- Access policy development & capacity planning
- Dental and optical



Finance & Investment

Director: Richard Douglas

Reports to John Bacon
Delivers the department's financial functions and discharges its financial responsibilities.

- NHS and social care finance (resource acquisition and allocation, financial planning and management)
- Accounting and governance
- Capital investment
- Financial system reform programme



Workforce

Director: Andrew Foster

Reports to John Bacon
Ensures the NHS and social care have a world-class workforce, able to deliver high-quality services.

- Education, regulation & pay
- Workforce capacity



Programmes & Performance

Director: Duncan Selbie

Reports to John Bacon
Leads negotiation and delivery of the Public Service Agreement, and hosts the department's Primary Care Trust adviser.

- Planning and performance reports
- Central Programme Office
- Department of Health Gateway
- NHS Foundation Trusts



Development

Director: Kate Barnard

Reports to John Bacon

- Commissioning development programmes from NHS Institute
- Talent Management including non executives
- National Leadership Network
- Establish Young Leaders Network
- NHS Trust Development
- PCT Development
- NHS Values Development



IT Service Implementation

Director: Richard Jeavons

Reports to John Bacon

Accountable for:

- Best practice care pathway and knowledge based evidence development and dissemination
- Guidance on benefits planning and realisation
- Clinical input to solution development and engagement with deployment
- Support of the wider change agenda (10 High Impact Changes for Service Improvement & Delivery)
- Clinical engagement



Commercial

Director: Ken Anderson

Reports to John Bacon

Secures best value and greater levels of effectiveness for the department and the NHS through best commercial practices and commercial relationships.

- Ensures commercial and procurement excellence across the department and the NHS
- Promotes the adoption of best commercial practices, where they significantly improve NHS effectiveness and efficiency
- Develops and manages links with the independent sector
- Provides commercial input to departmental strategic reviews and policy decisions



Group Business Team

Head: Richard Mundon

Reports to John Bacon

- HR, finance, development & communications, project & programme management, forward planning and governance support
- Delivery Analytical Team



System Reform

Director: Julie Taylor

Reports to John Bacon

- Delivery of System Reform programme
- System Reform Policy
- Communications
- System Reform programme management
- Commissioning policy development
- New service models policy development
- System Reform projects



NHS Connecting for Health

Director General of NHSIT and Chief Executive of NHS Connecting for Health: Richard Granger

Reports to Nigel Crisp

- Programmes and System Delivery
- Procurement
- Contract management and application of service providers
- Systems integration, testing and assurance
- IT deployment



Health and Social Care Standards and Quality Group

Chief Medical Officer and Director:
Sir Liam Donaldson



Healthcare Quality
Acting Director and Deputy Chief Medical Officer:
Professor Bill Kirkup
Reports to Liam Donaldson

- Standards and investigation
- Quality strategy
- Clinical governance
- Patient safety
- Modernising medical careers
- Screening and specialist services
- National Service Frameworks and service reviews

Programmes
Director: tba
Reports to Liam Donaldson

- Coronary heart disease
- Cancer



Research & Development
Director: Professor Sally Davies
Reports to Liam Donaldson

- Research policy and strategy
- Funding and managing Department of Health and NHS research



Care Services
Director: Professor Antony Sheehan
Reports to Liam Donaldson

- Prison health
- Older people and disabilities
- Children and Mental Health



Health Improvement
Director and Deputy Chief Medical Officer:
Dr Fiona Adshead
Reports to Liam Donaldson

- Public Health White Paper
- Health improvement and prevention – sexual health, obesity, tobacco, substance misuse, inequalities
- Public Health development and health promotion



Health Protection, International Health & Scientific Development
Director and Chief Scientist:
David Harper
Reports to Liam Donaldson

- International health
- Health protection
- Scientific development
- Emergency preparedness

Regional Directors for Public Health

Report to Liam Donaldson
Each of the nine directors is located in the regional offices of government and provides leadership on key public health issues which include health improvement, health protection and building public health expertise.

Group Business Team

Reports to Liam Donaldson

- HR, finance, development & communications, project & programme management, forward planning and governance support
- Standards & Quality Analytical Team



Strategy and Business Development Group

Director: Hugh Taylor



Corporate Management & Development

Director: Hugh Taylor

- Reports to Nigel Crisp
- Corporate HR
 - The Secretariat including private offices for ministers, the policy hub, and honours team
 - Medicines, Pharmacy & Industry
 - Information Services including Knowledge Management (including Freedom of Information and data protection issues) and Departmental security issues
 - Customer Service Centre



User Experience & Involvement/ Professional Leadership

Director/Chief Nursing Officer:

Christine Beasley

- Reports to Nigel Crisp
- Professional advice on all policy issues relating to nursing, midwifery, health visiting, allied health professions and healthcare scientists
 - Improving patient experience
 - Patient and public involvement
 - Information and choice
 - Complaints and clinical negligence
 - Self-care
 - The voluntary sector
 - Cleaner hospitals and lower rates of infection



Strategy

Director: Stephen O'Brien

- Reports to Nigel Crisp
- Strategy development and evaluation
 - Understanding of user and healthcare trends
 - Objective analysis and research to support the strategy and the department
 - Whole-system strategy across national and local government for social care
 - Professional analytical services including the Corporate Analytical Team
 - Healthcare Outside Hospitals – Consultation/White Paper



Communications

Director: Sian Jarvis

Reports to Nigel Crisp

- Development and implementation of the DH Communications Strategy
- Helping the NHS and partners to use the NHS brand well
- Building best practice in communications in local NHS organisations and with key stakeholders
- Media management supporting the reputation of DH, Ministers and covering NHS, Social Care and Public Health issues
- Broadcast media strategy
- Publicity campaigns supporting policy delivery/objectives
- Communications to NHS/Social Care staff
- Corporate events and exhibitions
- Internal DH communications



Equality and Human Rights

Director: Surinder Sharma

Reports to Nigel Crisp

- Promoting the Government's equality and human rights agenda across the health and social care system including Sir Nigel Crisp's action plan on leadership and race equality
- Delivering change at a national level



ALB Organisation Review and Implementation

Director: Chris Outram

Reports to Hugh Taylor

- Review of arm's-length bodies



Group Business Team

Head: Peter Allanson

Reports to Hugh Taylor

- HR, finance, development & communications, project & programme management, forward planning and governance support
- Facilities/Estates Management

