Business Plan 2012–2015
Department of Health

31 May 2012

This plan will be updated annually

Contents:

A) Coalition 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, and reduced inequalities, 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
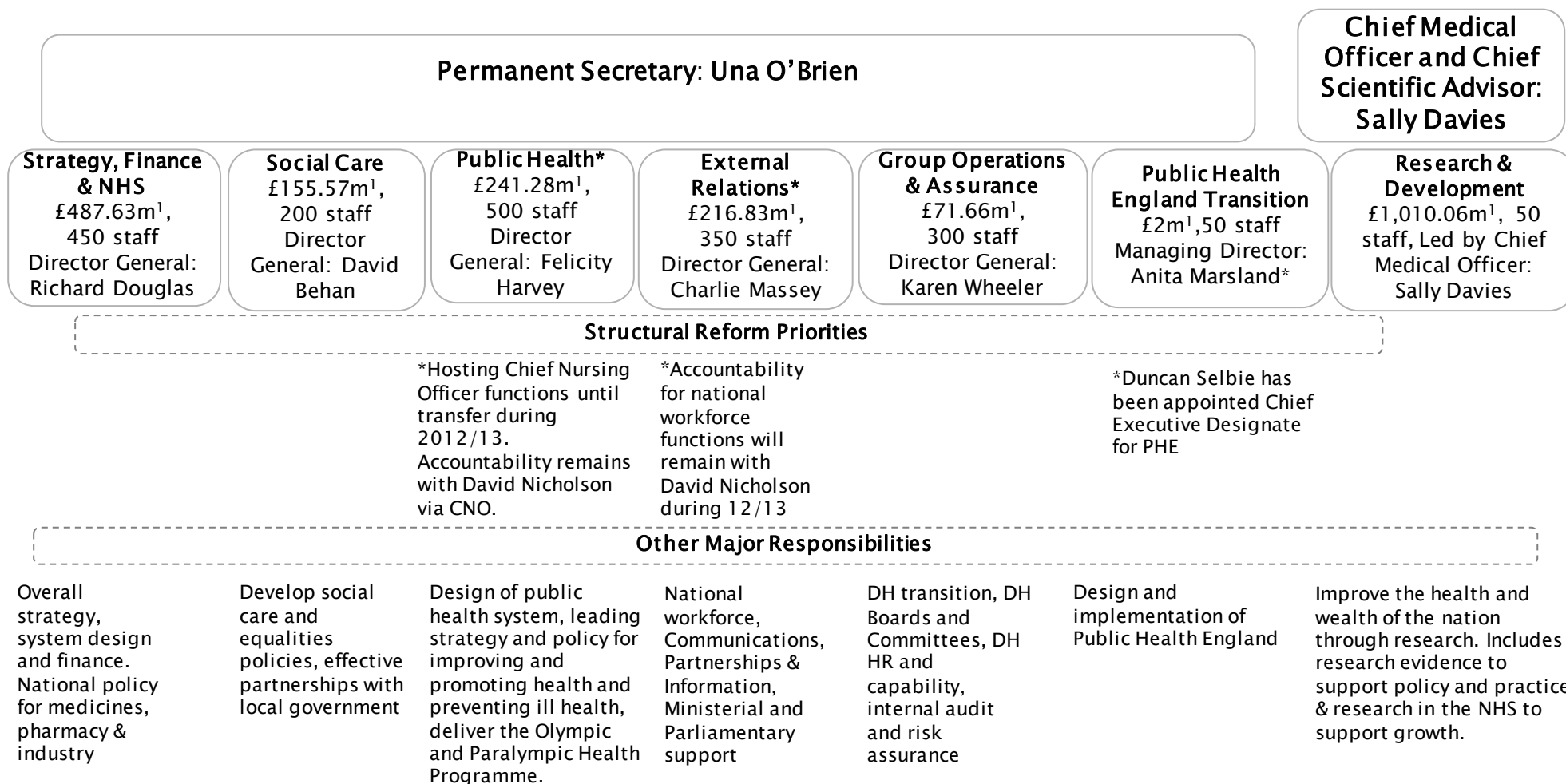
4. Promote public health
- Create a public health service which rebalances our approach to health and health inequalities, drawing together national leadership with local delivery, and a new sense of community and social responsibility

5. Reform Care and Support
- Enable people needing care to be treated with dignity and respect, and reform the system of care and support to provide much more control to individuals and their carers, improve quality, and ease the burden of care costs that they and their families face
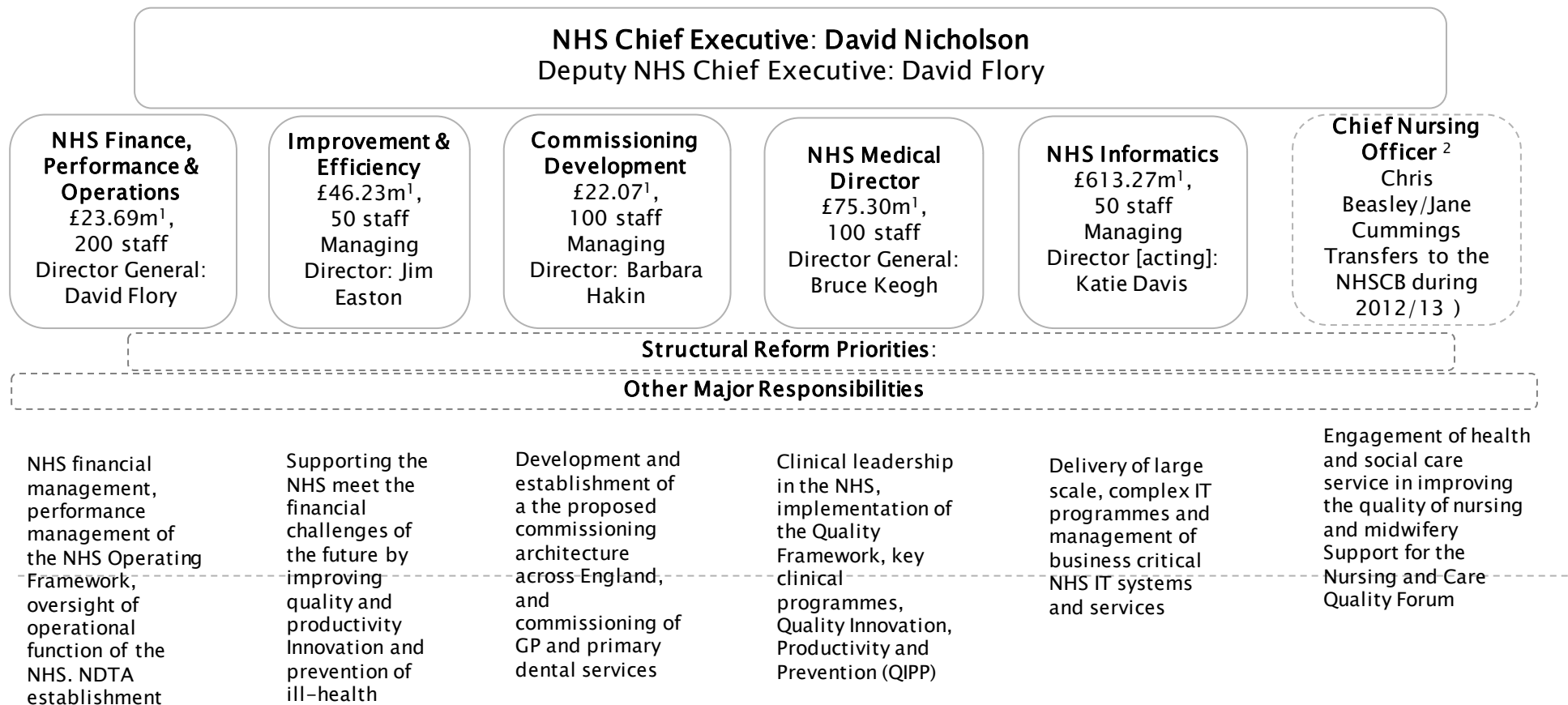
Departmental Responsibilities (1 of 2)

These pages set out the top level structure and major responsibilities of the Department. David Nicholson's role as NHS Chief Executive and his accountability will continue until April 2013. The structure reflects that 2012–13 will be a transitional year for the Department. Arrangement of directorate responsibilities will change during this period.

Permanent Secretary: Una O'Brien						**Chief Medical Officer and Chief Scientific Advisor: Sally Davies**
Strategy, Finance & NHS £487.63m[1], 450 staff Director General: Richard Douglas	**Social Care** £155.57m[1], 200 staff Director General: David Behan	**Public Health*** £241.28m[1], 500 staff Director General: Felicity Harvey	**External Relations*** £216.83m[1], 350 staff Director General: Charlie Massey	**Group Operations & Assurance** £71.66m[1], 300 staff Director General: Karen Wheeler	**Public Health England Transition** £2m[1], 50 staff Managing Director: Anita Marsland*	**Research & Development** £1,010.06m[1], 50 staff, Led by Chief Medical Officer: Sally Davies

Structural Reform Priorities

		*Hosting Chief Nursing Officer functions until transfer during 2012/13. Accountability remains with David Nicholson via CNO.	*Accountability for national workforce functions will remain with David Nicholson during 12/13		*Duncan Selbie has been appointed Chief Executive Designate for PHE	

Other Major Responsibilities

Overall strategy, system design and finance. National policy for medicines, pharmacy & industry	Develop social care and equalities policies, effective partnerships with local government	Design of public health system, leading strategy and policy for improving and promoting health and preventing ill health, deliver the Olympic and Paralympic Health Programme.	National workforce, Communications, Partnerships & Information, Ministerial and Parliamentary support	DH transition, DH Boards and Committees, DH HR and capability, internal audit and risk assurance	Design and implementation of Public Health England	Improve the health and wealth of the nation through research. Includes research evidence to support policy and practice & research in the NHS to support growth.

Notes: 1. Budget allocation 2012/2013.

Departmental Responsibilities (2 of 2)

These pages set out the top level structure and major responsibilities of the Department. David Nicholson's role as NHS Chief Executive and his accountability will continue until April 2013. The structure reflects that 2012–13 will be a transitional year for the Department. Arrangement of directorate responsibilities will change during this period.

NHS Chief Executive: David Nicholson
Deputy NHS Chief Executive: David Flory

NHS Finance, Performance & Operations £23.69m[1], 200 staff Director General: David Flory	**Improvement & Efficiency** £46.23m[1], 50 staff Managing Director: Jim Easton	**Commissioning Development** £22.07[1], 100 staff Managing Director: Barbara Hakin	**NHS Medical Director** £75.30m[1], 100 staff Director General: Bruce Keogh	**NHS Informatics** £613.27m[1], 50 staff Managing Director [acting]: Katie Davis	**Chief Nursing Officer** [2] Chris Beasley/Jane Cummings Transfers to the NHSCB during 2012/13)

Structural Reform Priorities:

Other Major Responsibilities

NHS financial management, performance management of the NHS Operating Framework, oversight of operational function of the NHS. NDTA establishment	Supporting the NHS meet the financial challenges of the future by improving quality and productivity Innovation and prevention of ill-health	Development and establishment of a the proposed commissioning architecture across England, and commissioning of GP and primary dental services	Clinical leadership in the NHS, implementation of the Quality Framework, key clinical programmes, Quality Innovation, Productivity and Prevention (QIPP)	Delivery of large scale, complex IT programmes and management of business critical NHS IT systems and services	Engagement of health and social care service in improving the quality of nursing and midwifery Support for the Nursing and Care Quality Forum

Notes: 1. Budget allocation 2012/2013, 2. Hosted by Public Health Policy in 2012–13 until transfer to NHSCB.

B) Structural Reform Plan

This section sets out the key actions the Department will take to implement its Coalition priorities. An implementation report will be published each month online, setting out progress in completing them.

Additional actions, including contributions to cross–cutting Government agendas such as the Growth Review, can be found in Annex A.

All commitments and end dates relating to legislation and pre–legislative scrutiny are subject to parliamentary timetables.

1. Health and care systems integrated around the needs of patients and users

ACTIONS	Start	End
1.1 Extend choice of treatment and providers to empower patients		
i. Introduce choice of care for long term conditions and in diagnostics and post-diagnosis	Started	Apr 2014
ii. Begin phased implementation of choice of Any Qualified Provider in community and mental health services	Started	Oct 2012
iii. Implement choice of treatment and provider in some mental health services, and extend this where practicable	Started	Jul 2014
1.2 Develop urgent care service		
i. Complete the evaluation of NHS 111 pilot sites and informed by its findings, begin implementation in England as appropriate	Jun 2012	Jun 2012
ii. Roll out NHS 111 to the whole of England, subject to evaluation	Started	Apr 2013
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 to make informed choices about their care		
i. Implement greater patient control of records, starting with records held by a patient's GP	Started	Apr 2015
ii. Release first data on proportion of patients with greater control of their care records	Sep 2012	Sep 2012
iii. Enable the NHS number as the default patient identifier by 2015 for all health data, wherever it is held, for the vast majority of patients where this is appropriate	Apr 2013	Mar 2015

1. Health and care systems integrated around the needs of patients and users

ACTIONS	Start	End
1.4 **Introduce personal health budgets for people with chronic/long term conditions**		
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 [Open Public Services]	Nov 2012	Nov 2012
iv. Informed by the evaluation, update and extend nationally the powers to make direct payments in healthcare	Nov 2012	Jul 2013
v. Informed by evaluation, introduce a right to ask for a personal health budget for everyone who is in receipt of NHS Continuing Healthcare, by April 2014	Nov 2012	Apr 2014
vi. Widen the right to ask for a personal health budget, over time, informed by evidence from the evaluation.	Apr 2014	Apr 2014
1.5 **Create HealthWatch, a new body to act as the voice for patients and the public**		
i. Launch HealthWatch nationally	Oct 2012	Oct 2012
ii. Enable the first local HealthWatch to be set up	Apr 2013	Apr 2013
1.6 **Strengthen the role of the Care Quality Commission**		
i. Introduce a legislative requirement that providers of primary medical care register with CQC	Apr 2013	Apr 2013
ii. Improve the performance and capability of the CQC with regard to regulation and inspecting quality by strengthening its Board and accountability arrangements	Started	Nov 2012
1.7 **Support integration of health and social care**		
i. Publish proposals for closer integration as part of the Social Care White Paper	Jun 2012	Jun 2012
1.8 **Make a step change in data transparency for the benefit of patients and the public**		
i. Publish data via the national portal on the performance of clinical teams (including clinical audit data) as it becomes available, in accessible and easily understandable formats which enable comparison and choice. At the same time, we will encourage innovative use of publicly available data by independent information intermediaries	Started	April 2015

1. Health and care systems integrated around the needs of patients and users

ACTIONS	Start	End
1.9 Give patients a defining voice in the assessment of non-clinical hospital services in order to inform patient choice and drive improvement		
i. Develop, pilot and introduce a programme of patient led inspections which cover privacy and dignity, food and cleanliness in hospitals providing NHS funded care	Started	Apr 2013

2. Promote better health outcomes

ACTIONS	Start	End
2.1 **Scrap process targets and introduce national health outcome measures to prioritise the health results that really matter**		
i. Develop incentives to improve access to primary care in disadvantaged areas	Started	Apr 2013
ii. Implement NHS Outcomes Framework	Started	Apr 2013
2.2 **Reform Payment by Results to provide incentives for healthcare services to deliver high quality care**		
i. Continue to extend the coverage of Payment by Results (PbR) into areas such as mental health, chemotherapy, radiotherapy, ambulance services and some community services	Started	Apr 2013
2.3 **Take forward the Prime Minister's Challenge on Dementia**		
i. Provide 6 month progress report to the Prime Minister on the Prime Minister's challenge on dementia	Sep 2012	Sep 2012
ii. Publish findings of an audit of antipsychotic prescribing for people with dementia	Jul 2012	Jul 2012
iii. Publish the first part of an indicator in the NHS Outcomes Framework and a definition for the second part	Sep 2012	Sep 2012
iv. Provide 12 month progress report to the Prime Minister on the Prime Minister's challenge on dementia	Mar 2013	Mar 2013
v. Report progress on the number of national organisations that have pledged to look at how they can play a part in creating a more dementia friendly society and raise awareness of dementia	Sep 2012	Sep 2012
2.4 **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**		
i. Set up and run pilots to collect the data needed to inform the development of a palliative care funding system	Started	Mar 2014

2. Promote better health outcomes

ACTIONS	Start	End
2.5 Introduce a value-based pricing system to align treatments with outcomes		
i. Establish NICE on a firmer statutory basis	Started	Apr 2013
ii. Develop a new pricing process with drug companies and introduce it for new branded medicines after the end of the current Pharmaceutical Price Regulation Scheme in 2013, while developing a successor to the PPRS for existing branded medicines	Started	Jan 2014
2.6 Introduce a new dentistry contract, with particular focus on the oral health of children		
i. Develop proposals for dental contract reform	Jul 2012	Oct 2012
2.7 Ensure greater access to talking therapies to improve outcomes for people with mental health problems and reduce long term costs for the NHS and the wider economy, publish mental health strategy and improve offender mental health		
i. Increase access to NICE recommended psychological therapies for depression and anxiety to meet a minimum of 10% of need amongst the adult population	Started	Mar 2013
ii. Increase access to NICE recommended psychological therapies for depression and anxiety to meet a minimum of 15% of need amongst the adult population by the end of the spending review	Started	Mar 2015
iii. Transform Child and Adolescent Mental Health Services through extending access to NICE recommended psychological therapies for children and young people	Started	Mar 2015
2.8 Work with the Ministry of Justice, along with other Government Departments, to promote recovery from drug dependence and support joint actions for offenders in custody and the community		
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. Working with Home Office, support selected pilots in local areas to implement a local payment by results for drugs recovery scheme, capture best practice and share learning	Started	Apr 2014
iii. Working with Home Office, publish payment by results information, subject to commercial confidentiality and ONS guidance	Started	Apr 2014
iv. Roll out liaison and diversion services for mentally ill offenders	Started	Nov 2014
v. 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	Started	Feb 2013

2. Promote better health outcomes

ACTIONS		Start	End
vi.	Submit business case and impact assessment for youth and adult diversion services for ministerial approval	Feb 2013	Mar 2013
vii.	Commence national roll out and implementation of youth and adult diversion services	Apr 2013	Nov 2014
viii.	Pilot and roll out drugs recovery prison wings	Started	Apr 2014
ix.	Implement the piloting of second tranche of drugs recovery wings, including at a women's prison and a young offender institution	Started	Oct 2013
x.	Undertake a scoping and feasibility study to help inform the evaluation planning process for the drug recovery prison wings	Sep 2012	Jul 2013
xi.	Develop and pilot alternative forms of treatment based accommodation for drugs and mentally ill offenders	Started	Dec 2014
xii.	Commence piloting of test sites	Started	Nov 2013
xiii.	Submit proposals to ministers for further work on treatment-based accommodation based on evaluation of the test sites	Sep 2014	Dec 2014
xiv.	Support and promote joint working at a local level by criminal justice agencies, emerging health and wellbeing boards and other relevant local structures, working with Home Office	Started	Apr 2013
2.9	**Support the NHS to release up to £20 billion efficiency savings over four years for reinvestment across the system**		
i.	Work with the Strategic Health Authorities Clusters to ensure good local-level NHS plans for the delivery of QIPP up to financial year ending 2014/15, with clearly articulated transformational endstates and milestones towards their achievement	Started	Apr 2013
ii.	Assure SHA Cluster planning	Started	Apr 2013
iii.	Support integrated, high quality care by developing tariffs for the full costs of care for people with long-term conditions (to include a risk-adjusted capitated funding model, with currencies developed in 2012/13 and potentially available nationally in 2013/14) to patients with long-term conditions. Development of currencies in 12/13 with currencies planned to be available nationally in 13/14.	Started	Apr 2014
iv.	Support commissioners in understanding the variation of services provided in their areas by annually updated the NHS Atlas of variation	Started	Dec 2012
v.	From April 2012 collection of NHS Safety thermometer data will be part of a national CQUIN which will be applicable to all patients in NHS funded care (unless exceptions apply) to incentivise the NHS to focus on delivery of safe, efficient care	Started	Apr 2013

2. Promote better health outcomes

ACTIONS		Start	End
vi.	Support the NHS to transform urgent and emergency care by enabling full rollout of the 111 number	Started	Apr 2013
2.10	**Improve the quality and safety of nursing care across health and social care settings, reducing bureaucracy and freeing up nurses time to care**		
i.	Create a Nursing Care Quality Forum to engage and mobilise action on quality	Started	Dec 2014
ii.	Promote the use of the NHS Institute of Innovation and Improvement Productive Series: Releasing time to care programme	Started	Mar 2013
iii.	Commission the NHS Institute of Innovation and Improvement to deliver targeted support of trusts that will benefit from implementation	Started	Dec 2012
iv.	Mobilise adoption and spread of nursing rounds	Started	Mar 2013
v.	Mobilise participation of the nursing profession in the Cabinet Office's Tell Us How campaign	Started	Mar 2013
vi.	Make a step change in how providers of NHS services collect patient feedback and act on it to improve services; in particular, implement a friends and family test to cover acute inpatient services	Jun 2012	Apr 2013

3. Revolutionise NHS accountability

ACTIONS		Start	End
3.1	**Improve the effectiveness of commissioning**		
	i. Complete the abolition of strategic health authorities	Apr 2013	Apr 2013
	ii. Fully establish NHS Commissioning Board	Apr 2013	Apr 2013
3.2	**Enhance commissioning to give Clinicians greater autonomy**		
	i. All GP practices to be part of either a fully authorised or a 'shadow' clinical commissioning group	Apr 2013	Apr 2013
3.3	**Strengthen local democratic legitimacy by creating a greater role for local government in health and wellbeing**		
	i. 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	Started	Oct 2012
3.4	**Reduce bureaucracy**		
	i. Begin to abolish and transfer functions of arm's length bodies, subject to Parliamentary approval	Jul 2012	Mar 2015
	ii. Abolish primary care trusts once the NHS Commissioning Board and Clinical Commissioning Groups are in place	Apr 2013	Apr 2013
3.5	**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**		
	i. Monitor's licensing regime operational	Apr 2013	Apr 2013

3. Revolutionise NHS accountability

ACTIONS	Start	End
3.6 **Working with HM Treasury to deliver changes to the NHS Pension Scheme**		
i. Working with HM Treasury, other public sector schemes and current NHS Pension Scheme governance arrangements, deliver changes in terms of employee contributions for delivering the Spending Review commitments, including necessary changes in regulations	Started	Apr 2014
ii. Working with HM Treasury, other public sector schemes and current NHS Pensions Scheme governance arrangements, deliver any changes arising from Lord Hutton's recommendations	Started	Dec 2015
3.7 **Work with HM Treasury and Cabinet Office to develop firm plans and milestones for ensuring robust and clear arrangements are in place to manage the continuity of essential services in the event of provider failure**		
i. Complete continuity of NHS services framework for Foundation Trusts	Started	Apr 2013
ii. Complete continuity of NHS services framework for companies	Started	Apr 2014
3.8 **Maintain financial performance throughout the transition to the new system**		
i. Strategic Health Authorities and Primary Care Trusts are required to ensure no deficit is incurred in 2012/13.	Started	Mar 2013
ii. PCTs clear any legacy debt carried into 2012/13	Started	Mar 2013
iii. Manage financial performance reporting	Started	Mar 2013

4. Promote public health

ACTIONS		Start	End
4.1	**Establish Public Health England, including relevant health protection functions, and incorporate the nutrition functions of the Food Standards Agency (FSA) into the Department of Health (DH)**		
	i. Establish Public Health England	Apr 2013	Apr 2013
4.2	**Give local communities control over health improvement budgets, with payment by the outcomes they achieve in improving the health of local residents [Open Public Services]**		
	i. Publish the independent Advisory Committee on Resource Allocation's interim recommendations for the formula for public health	Jun 2012	Jun 2012
	ii. Announce the high level design of a "health premium" for local authorities that tackle public health challenges among the disadvantaged	Jun 2012	Jun 2012
	iii. Allocate local public health budget to local authorities	Apr 2013	Apr 2013
4.3	**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**		
	i. Monitor information sharing and evaluate its impact	Started	Jun 2012
4.4	**Recruit 4,200 extra Sure Start health visitors**		
	i. Publish quarterly status checks on progress towards health visitor commitment to recruit 4,200 extra health visitors and to implement an enhanced service offer for all families in England in line with the Health Visitor Implementation Plan: A Call to Action - 2011-15	Started	Mar 2015
4.5	**Support the Home Office in implementing the Alcohol Strategy**		
	i. Support the Home Office to prepare and consult on the level of minimum unit price, a ban on multi-buy promotions and further action on licensing powers	Started	May 2013

5. Reform care and support

ACTIONS	Start	End
5.1 Reform funding of the Care and Support system		
i. Publish a White Paper with full proposals for reform of care and support for adults and a progress report on funding reform	Jun 2012	Jun 2012
ii. Develop an implementation plan for the full range of policy proposals set out in the Care and Support White Paper, working across Government and with the wider care and support sector to take forward and deliver the reforms.	Jun 2012	Dec 2012
iii. Publish draft Bill to achieve reforms set out in the Care and Support White Paper	Jul 2012	Jul 2012
5.2 Extend the roll-out of health and social care personal budgets to give people and their carers more control and purchasing power		
i. Provide personal budgets, in the form of direct payments whenever the person wishes, for everyone eligible for ongoing social care	Apr 2013	Apr 2013
5.3 Remove key barrier to growth and inward investment in Health and Life Sciences by releasing high value datasets		
i. Release the Care Quality Commission's Provider Profile reports	Sep 2013	Sep 2013

C) Departmental expenditure

Planned expenditure and major projects [1]

This section sets out the Department's planned expenditure over the Spending Review period, as agreed with the Treasury, and expected cost for the 2012/13 financial year on the Department's major projects.

Planned Expenditure (£bn)	2011/12 (forecast outturn)	2012/13	2013/14	2014/15
Total departmental expenditure limits [3]	**105.0**	**108.8**	**111.4**	**114.4**
Administration spending [4]		4.0	3.7	3.7
Programme spending		100.2	103.2	106.1
Capital spending	3.9	4.5	4.4	4.6

Major Projects Expected Cost (Top 4, £m)	2012/13 [2]	Whole Life Cost
NME Programme for IT	135.5	5636
Health & Care Modernisation Programme	671.8	1483
London Programme for IT	178.3	1135
Southern Programme for IT	80.2	634
Total (All major projects)	**1319.7**	**9924**

Definitions:

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 (excl. administration spending as defined above)

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

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[1] Excludes departmental Annually Managed Expenditure. Numbers may not sum due to rounding
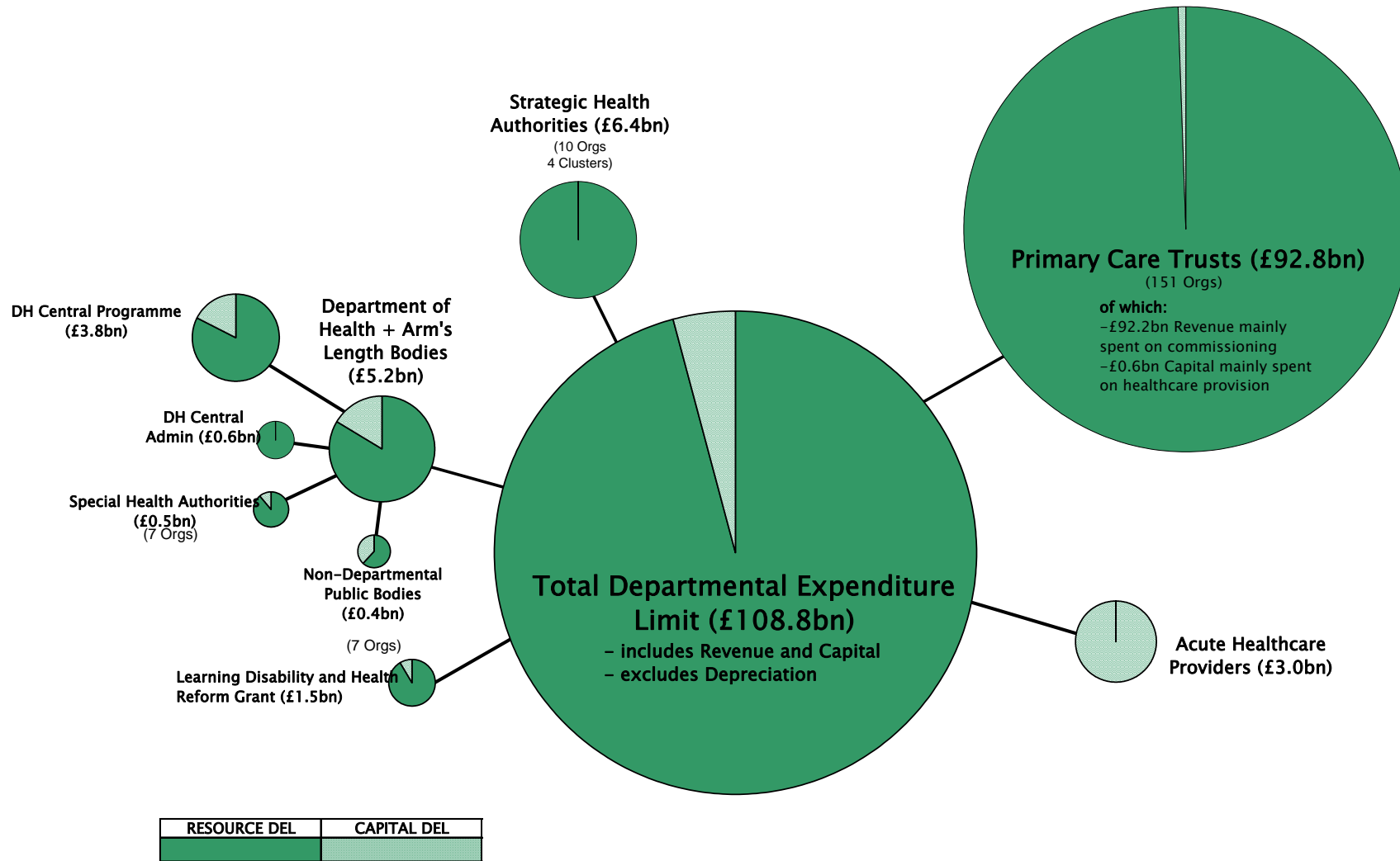[2] Major projects whole life costs include an element of local costs, but the 2012/13 budgets are DH only
[3] Excludes depreciation
[4] Until Spending Review 2010, the administration control only applied to the core Department. From 2011-12, this control has been extended to Primary Care Trusts, Strategic Health Authorities and some Arms Length Bodies. Administration figures for 2011-12 will not be published until July 2012

Indicative budget allocation

This chart sets out further detail on how the Department's settlement will be allocated for the 2012/13 financial year across its key programmes and activities.

Strategic Health Authorities (£6.4bn)
(10 Orgs 4 Clusters)

DH Central Programme (£3.8bn)

Department of Health + Arm's Length Bodies (£5.2bn)

DH Central Admin (£0.6bn)

Special Health Authorities (£0.5bn) (7 Orgs)

Non–Departmental Public Bodies (£0.4bn) (7 Orgs)

Learning Disability and Health Reform Grant (£1.5bn)

Total Departmental Expenditure Limit (£108.8bn)
– includes Revenue and Capital
– excludes Depreciation

Primary Care Trusts (£92.8bn)
(151 Orgs)

of which:
–£92.2bn Revenue mainly spent on commissioning
–£0.6bn Capital mainly spent on healthcare provision

Acute Healthcare Providers (£3.0bn)

RESOURCE DEL	CAPITAL DEL

17

Departmental efficiency

This data allows the public to compare the Department's operations to other organisations by setting out the cost of common operational areas, and sets out the Department's efficiency plans for 2012/13.

Spending Category	Latest Data (Q3 2011)	Actions to improve operational efficiency in 2012/13
HR	3,191	Reduce headcount by applying greater control on recruitment, where possible unreplaced resignations and retirements, and redundancies where absolutely necessary (does not apply to MHRA)
Estates	49,694 square metres (HQ estate only)	Continue downward pressure on reducing the HQ Estate through lease surrenders and optimise occupancy in line with GPU standards. Current position of 15 sqm per FTE targeting a 13.3% reduction this year (equivalent to £3m)
Procurement	£101.36m spent	Continue to strive towards the GPS 25% reduction in expenditure on centralised commodities through centralising procurement, reducing consulting and marketing and media spend and leveraging crown commercial position
Major Projects	£9,924.47m total contract value	Develop and implement a new departmental Centre of Expertise for Project Delivery, which will oversee assurance of major projects, whilst improving capability and capacity for delivery
Information Technology	£3.29m spent	Move to modern tools and improved infrastructure and at the same time introducing a shared service with ALBs to improve resilience, operational and customer effectiveness. Costs will reduce in conjunction with a reducing headcount.
Corporate Services	£14.75m spent	Reduce costs of corporate services by sharing services or developing group delivery models
Fraud, Error and Debt	£2.65m Fraud, £0.06m Error and £27.72 m Debt identified	Comply with Cabinet Office Fraud, Error and Debt team guidance and requirements
SMEs and Voluntary Organisations	£19.33m spent with SMEs and £6.87m spent with voluntary and community sector organisations	(Note: excludes £25.4m grants to VCS) Continue DH SME action plan such as letting large requirements and advertising opportunities on contracts finder in line with governments aspirational target of 25% business via this supplier type

D) Transparency

Indicators and other key data

The Department has adopted the following input and impact indicators to help the public assess the effects of our policies and reforms on the cost and impact of public services. These indicators, and the other data specified here and in our Open Data Strategy, will be regularly published online.

Description	Type of data
General indicators	
Names of businesses, voluntary and community organisations and local authorities which are part of the Responsibility Deal, nationally	Other key data
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 key data
Percentage of patients with electronic access to their medical records	Other key data
Health and care systems integrated around the needs of patients and users	
Proportion of population covered by NHS 111 service, by local authority	Other key data
Health related quality of life for long-term conditions	Impact indicator
Emergency admissions for conditions not usually requiring hospital admission	Impact indicator
Emergency re-admissions within 30 days of leaving hospital	Impact indicator
Promote better healthcare outcomes	
People's experience of primary care	Impact indicator
People's experience of being in hospital	Impact indicator
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	Impact indicator
Life expectancy at 75 i) males, ii) females	Impact indicator
Safety incidents reported by NHS/healthcare providers that lead to severe harm or death	Impact indicator
Safety incidents reported by NHS/healthcare providers	Impact indicator

Description	Type of data
Revolutionise NHS accountability	
Proportion of NHS trusts that have converted to foundation trust status	Other key data
Breakdown of NHS spend by Programme Budget	Other key data
Unit cost of treatment for patients staying in hospital for treatment they have chosen	Input indicator
Unit cost of treatment for patients staying in hospital for emergency treatment	Input indicator
Unit cost of patients visiting hospital for treatment	Input indicator
Unit cost of patients being treated for mental health problems	Input indicator
Unit cost of a GP consultation	Input indicator
Unit cost of a prescription item dispensed in the community	Input indicator
Promote public health (data values are also influenced by actions under SRP priorities 1 and 2)	
Differences in life expectancy and health expectancy between areas (for males and females separately) (Interim measure, pending development of inequalities measures at national/local level as part of the Public Health Outcomes Framework)	Impact indicator
Low birth weight of term live births	Impact indicator
Low birth weight of all live births where father's occupation is classified as managerial, professional or intermediate	Impact indicator
Low birth weight of all live births where father's occupation is classified as routine and manual occupations, never worked and long-term unemployed	Impact indicator
Mortality rate from causes considered preventable	Impact indicator
Reform Care and Support	
Quality of life for adults receiving social care	Impact indicator
Satisfaction with adult social care services	Impact indicator
Breakdown of adult social care spend	Input indicator
Unit cost of receiving community care	Input indicator
Unit cost of residential and nursing care for older people, people with learning disabilities and other client groups	Input indicator
Unit cost of social care at home (home help/care)	Input indicator
Unit costs of receiving day care for older people, people with learning disabilities and other client groups	Input indicator

Open data

This section sets out as a summary DH's commitment to open data. Further details, including what new datasets will be published when, will be set out in full in DH's Information Strategy, to be published this summer

We are taking a systemic approach to driving this agenda rather than releasing individual data sets in a piecemeal way. The Department's information strategy 'The Power of information – putting all of us in control of the health and care information we need', will reflect this system wide approach. It sets a ten-year framework for transforming the information that we all use for our health and care – as patients, service users, carers, clinicians and other care professionals, managers, as commissioners of care, researchers, and in our other roles. It covers five themes:

- Information about me and my care

- Connected information for integrated care

- Better access to better information

- A quality driven Information system

- Making it happen

This includes our approach to open data. The 'Power of Information' addresses the five key open data themes of: 'Big data', 'my data', satisfaction and experience data, creation of dynamic information markets, and continuously improving quality. It also sets out, at a high level, how our open data strategy will deliver the benefits of open data and how it aligns with the Government's Information Principles.

The Department has already demonstrated its strong and ongoing commitment to the transparency, growth and open data agenda as set out in the health and social care commitments announced in July (see SRP action 1.11) and in the Growth Review November 2011 (see Annex A). Some of these have already been delivered and others will be over the next two years.

The Health and Social Care Act includes provisions marking a step-change in the health and care sector's approach to transparency – by requiring the Health and Social Care Information Centre to publish (in safe, 'de-identifiable' format) virtually all of the data it is required to collect across the health and care sector.

These provisions are not just about specific datasets, but cover everything the Information Centre is required to collect, subject to ensuring that patient and other individual confidentiality is always appropriately protected. The Information Centre now routinely releases the data underpinning their statistical publications. As a result 83 datasets were released for the first time in 2011–12. Further open data releases have been agreed as set out in the 'Power of Information'. The Department will continue to identify new areas where data should be released.