



Department  
of Health &  
Social Care

# **The Government's 2022-23 mandate to NHS England**

Published 31 March 2022

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Presented to Parliament pursuant to Section 13A of the National Health Service Act 2006.

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# Foreword from the Secretary of State for Health and Social Care

Once more in 2021-22 NHS staff worked tirelessly in response to the pandemic. They have protected us with the COVID-19 vaccination programme, provided outstanding care for more than half a million COVID-19 patients in hospital, and put in place new services for those who go on to experience long-term issues as a result of COVID-19. At the same time, they have done everything possible to keep wider services going and to start to reduce backlogs. They have worked with partners in local government and other organisations to protect people's health and to keep them safe.

As we continue to emerge from the COVID-19 pandemic, including the latest wave of the Omicron variant, it is important we look forward - turning our focus to finding a way to live with the virus, reducing its impact on people - and on the NHS - as it shifts from a pandemic to becoming endemic. I am therefore asking NHS England and the wider NHS to prioritise three key missions over the course of 2022-23 and extending beyond: the continued COVID-19 response, recovery of the health system and then taking forward reform.

COVID-19 will still be with us in 2022-23 and will still need to be managed, with the vaccination programme continuing and care being maintained for people who require hospital care or support to manage longer term symptoms following COVID-19 infection. We must also be prepared for any further peaks that may occur as the pandemic runs its course.

Beyond the response to COVID-19, we must firmly prioritise recovery: building back better to restore, and then seeking to improve access to, NHS services - addressing the impact of COVID-19 on, for example, elective activity; access to primary care; non-COVID-19 hospital care; services for autistic people and those with learning disabilities or dementia and address demand for mental health services. It means meeting the ambitions in the [NHS' Delivery plan for tackling the COVID-19 backlog of elective care](#), within the updated financial settlement for the NHS: eliminating waits of longer than a year by March 2025, and within that ensuring that no one will wait longer than two years by July 2022, longer than 18 months by April 2023, and 65 weeks by March 2024. In addition, 95% of patients needing a diagnostic test will receive it within 6 weeks by March 2025, and 75% of patients urgently referred by their GP for suspected cancer will be diagnosed or have cancer ruled out within 28 days by March 2024. The number of people waiting more than 62 days from an urgent referral for cancer will be returned to pre-pandemic levels by March 2023.

Meeting these ambitions includes exploring and seizing opportunities to go further as a result of innovation and lessons learned from experience during the pandemic. As we do so - most importantly of all - we absolutely must tackle the health and healthcare

disparities that COVID-19 has shown us are still a reality for far too many people in England. The NHS will play its part in supporting people to avoid future healthcare issues, working alongside local and national government and the newly-established Office for Health Improvement and Disparities, including through existing specific NHS-led evidence-based initiatives to reduce smoking, obesity, and alcohol-related harm.

Finally, beyond recovery of the NHS, we must look to the future. We must build further on lessons learned from the pandemic to take forward the ambitious programme of reform that will ensure the NHS is able to, effectively and efficiently, respond to the longer-term challenges of a growing and ageing population, rising public expectations, changing burden of disease and addressing entrenched disparities. On 8 March, I made an address which set out my plans to put the NHS on a sustainable footing for the future through progressing four key priorities - the four 'P's. Firstly, we need to do more to prevent need from arising in the first place - this is the first 'P': **prevention**. As already set out in the Government's command paper [Build Back Better: Our Plan for Health and Social Care](#), this is a central principle of both delivering a sustainable NHS and reducing disparities in line with the Government's action plan for [Levelling Up the United Kingdom](#). Secondly, we need to put people in control of their own care through more **personalisation** - the second 'P' - and through better empowering patients. Thirdly, we must continue to drive up the quality of care by working smarter - driving up our **performance**, the third 'P'. And lastly, underpinning all of this, we must continue to prioritise supporting our workforce to deliver - the final 'P' - our **people**.

Subject to Parliament's agreement, this will include successfully implementing the specific changes contained in the Health and Care Bill, undertaking work in 2022-23 to ensure the benefits of statutory Integrated Care Systems are fully realised. We must take advantage of the new opportunities arising from the establishment of these systems, ensuring that the NHS, local government, and other partners continue to work collaboratively. These will reduce barriers to ensure that all those with a role to play in health and care at a local level can collaborate effectively, building on their respective expertise to assess and sustainably address the needs of the communities they serve and drive forward the transformation of services that will improve health and care outcomes.

Reform opportunities go further than this, and to help support and deliver the 2.2% annual efficiency requirement announced by the Government in March 2022, the NHS should also capitalise on progress made in areas such as digital and technology. In a similar vein, our new 10-year Cancer Plan will take a long-term look at how we harness innovation, and what we want the patient experience to look like in 2032, with ambitious plans for action in several different areas.

Alongside, the NHS will also need to return to delivering the commitments outlined in the NHS Long Term Plan as swiftly as possible. This will require readjustment in some areas, both to ensure the commitments still align with the Government's wider goals (including for

reform) and to take account of the impacts - both positive and negative - brought about by the pandemic. The NHS Long Term Plan update will be published in summer 2022 and NHS England will then launch a multi-year strategic planning process with local systems which will reflect revised delivery expectations for relevant commitments.

I am confident that under the expert leadership of NHS England, which, subject to Parliament's agreement, will legally take on the functions that are currently the responsibility of NHS Improvement later in 2022 - and the local leadership of Integrated Care Boards supported by strong local partnerships - the NHS and local government will rise to the challenges and forge ahead in improving services and outcomes for both health and care.

The financial support provided at the Spending Review 2021 will help fund the biggest catch-up programme in NHS history. This mandate further updates the financial settlement for the NHS. The increase in funding for elective recovery, alongside delivering 50,000 more nurses and 50 million more primary care appointments and funding the training of one of the largest undergraduate intakes of medical students and nurses will further enable the NHS to deliver better services and health outcomes for patients.

This mandate sets a framework for NHS England in the year ahead, leading the NHS in recovering services impacted by the pandemic, so that we can get back on track with further improving them, tackling health and healthcare disparities, and supporting system leaders to build the effective relationships with local government and other partners that will foster innovation. It will underpin continued progress to integrated ways of working for health and care that will step up the pace of reform as, subject to Parliament's agreement, we implement the Health and Care Bill. I look forward to working with NHS England as it takes forward this important work, particularly on the effective implementation of the reforms proposed in the Bill.



Sajid Javid

Secretary of State for Health and Social Care

# 1. Introduction

- 1.1 This is a transition year for health and care as, subject to the passage of the Health and Care Bill, the legal framework for the NHS and its relationship with local government will be changing. This means that NHS England will become legally responsible for the functions currently carried out by NHS Improvement. It will also be working with NHS Digital and Health Education England to prepare to take on their functions at a later date, if Parliament agrees. This mandate is therefore intended to cover the period to March 2023 and will then be replaced with one that more fully reflects these future changes.

## Strategic context

### Improving outcomes from health and care: an integrated approach

- 1.2 Successful integration involves the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives, and which improve outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time and the Government published a [Health and social care integration: joining up care for people, places and populations](#) on 9 February 2022 that sets out measures to make integrated health and social care a universal reality for everyone in England.
- 1.3 The Government will continue to work with the NHS and other partners on improving health outcomes, including through specific NHS programmes. Tackling health disparities, ensuring babies and children get the best start in life, helping people to live independently for as long as possible, and supporting people to live with long term conditions all require joined up approaches - both within the NHS and beyond.
- 1.4 We want to see the NHS working across different types of healthcare provision and with local government and other partners - through Integrated Care Systems - to achieve shared outcomes. These will place person-centred care, improving population health and reducing health disparities at the centre of our plans for health and care. By aligning different parts of the system, we will be able to more decisively prioritise prevention so that we build health resilience, reduce the disparity gap, and better prepare ourselves to meet the multiple health and care challenges of our changing demographic. Establishing statutory Integrated Care Partnerships and Integrated Care Boards will help ensure that health and care organisations are better equipped to collaborate across boundaries, make joint decisions and form alliances to tackle shared problems. The Integration White



Paper proposals build on this approach and are designed to give people a better experience of health and care, so that they do not feel as if they have to tell their story multiple times to different professionals to get the care they need.

- 1.5 For this transitional year, in addition to measuring NHS England's performance on the mandate, we will also continue to track progress towards improving outcomes via other existing mechanisms. These include the published public health, NHS and adult social care outcomes frameworks as well as outcomes for local government more broadly.
- 1.6 In recent years we have seen systems and local partnerships working together to deliver shared outcomes and we now need our national frameworks to reflect the increased importance of collaboration in pursuit of joined up care for local people. We will also therefore be working across the system to develop our approach to shared outcomes, alongside mechanisms that support more joined up approaches to tackling complex challenges, including the important role that health organisations have in child safeguarding. In the meantime, NHS England and NHS Improvement will publish their own system oversight framework for Integrated Care Boards and set ambitions for improving outcomes in the NHS Long Term Plan in summer 2022.

## **Getting back on track in delivering the NHS Long Term Plan and the Government's manifesto**

- 1.7 The NHS has prioritised responding to the pandemic over the past two years. As the pressures associated with COVID-19 for the health and care system continue to ease, however, it is right that the NHS returns its focus to delivering against the transformative commitments outlined in the NHS Long Term Plan and the broader relevant commitments within the Government's manifesto, to ensure that the public is receiving the highest quality and safest care. The objectives set in this mandate will take account of adjustments made through the NHS Long Term Plan update in summer 2022, which will ensure that its commitments continue to align with the Government's ambitions and recognise the impacts of the pandemic, within the updated NHS financial settlement.

## **Taking account of the views of patients and the public**

- 1.8 As required by the NHS Act 2006, the Government has consulted Healthwatch England on the objectives set in this mandate. Healthwatch England ensures that the mandate is informed by the needs, experiences and concerns of people who use health and social care services, based on insights gathered from national projects and local Healthwatch networks throughout England.

- 1.9 NHS England has legal duties to work with people and communities and engages them on the development of national policies and strategies. The NHS Long Term Plan was developed based on the experience and expertise of patients and the public alongside staff and other stakeholders, and its implementation is continuing to be influenced by the NHS Assembly, established in 2019, to strengthen the ability of patients, professionals and the public to contribute. Ongoing involvement in policy and strategy development is informed by public participation.
- 1.10 Integrated Care Boards and NHS England will need to engage with patients, carers and the public as they discharge their functions, both in relation to clinical decisions (where patients and carers should be closely involved) and in wider commissioning decisions. Furthermore, they should continue to consult as required with staff and public on service changes or reconfigurations.

## **Holding NHS England to account for progress in taking forward the mandate**

- 1.11 The Board of NHS England has a duty to seek to achieve objectives in the mandate. The Secretary of State keeps progress against the mandate under review, setting out his views in an annual assessment which is laid in Parliament and published.
- 1.12 The Government will agree with NHS England how it should report on overall progress against the mandate to support the Secretary of State in keeping this under review. This will include quarterly reporting against the commitments and metrics set out in Annex A (which link mainly to objective 3 but are also relevant to the other objectives) and reporting at agreed intervals on other delivery expectations listed beneath the objectives.
- 1.13 Reporting for the purposes of reviewing progress against the mandate is in addition to any reports and information that the Government may reasonably require to support wider governance for health and care, accountability to Parliament, and effective policy development.

## 2. Mandate objectives

- 2.1 In seeking to meet the five objectives set out below, NHS England will need to comply with its delegated responsibilities as set out in Managing Public Money. It will also need to comply with its Framework Agreement with the Department of Health and Social Care, which is published on gov.uk and sets out how it and the Government will work together. Subject to Parliament's agreement to the Health and Care Bill, the Agreement will be replaced when NHS England and NHS Improvement legally merge.
- 2.2 NHS England's statutory obligations under the NHS Act 2006 and other legislation also apply.
- 2.3 Tackling healthcare disparities is crucial and there are a number of references to specific action throughout these objectives. It is also an underlying theme, and NHS England should be transparent in reporting against all of these objectives on the extent to which progress on reducing relevant disparities has been made.

### **Objective 1: Continue to lead the NHS in managing the impact of COVID-19 on health and care**

- 2.4 The focus in 2022-23 will be on reducing the impact of COVID-19 on wider health and care services to allow the NHS to continue to focus on service delivery and system transformation. This should support delivery of the NHS Long Term Plan and the NHS's contribution to improving health and care outcomes. At the same time, the NHS will need to be prepared for any future waves of the pandemic that may arise.
- 2.5 Delivery should include:
  - Continuing to treat patients with COVID-19 or long COVID in accordance with NICE guidelines and the clinical evidence base in primary, community, and secondary healthcare settings to allow wider services to be safely recovered and maintained.
  - Delivering timely COVID-19 treatments, where funded, equitably to eligible patients further to clinical trials evidence and within clinical policy, utilising deployment models that focus on rapidly identifying and treating patients and reporting on the deployment of COVID-19 treatments, including antivirals. Particular attention will be necessary to the needs of those at higher risk of serious illness, including those who are immunosuppressed, and supporting systems to provide the right communication to these groups.

- Continuing to deliver COVID-19 vaccinations at pace, consistent with the Government's priorities (informed by advice from the Joint Committee on Vaccination and Immunisation), vaccine supply, operational and clinical safety, and working with Government to achieve the highest possible uptake across communities, continuing to reduce vaccine disparities.
- Ensuring the deployment of COVID-19 vaccinations during 2022-23 supports the development of a 'steady state' sustainable COVID-19 vaccination operating model that learns from the pandemic and builds on what has gone well and considers the interface with influenza and wider routine immunisations to deliver a service that works for all. The deployment model should work towards a flexible system that can swiftly and effectively respond to further outbreaks and new variants, whilst also working for an endemic state, with a sustainable workforce, infrastructure, and value for money delivery.
- Preparing for the forthcoming public inquiry into the pandemic, providing assurance to the Department of Health and Social Care on the level of preparedness, and engaging fully with the inquiry once it is launched.

## **Objective 2: Recover, and maintain delivery of, wider NHS services and functions**

2.6 The impact of COVID-19, including the need to prioritise vaccination and the urgent treatment of COVID-19 patients, has led to pressures building up elsewhere in the system. This has had a significant impact on the delivery of planned, elective care, meaning that many patients are now waiting longer for tests and treatment than they were before the pandemic began. It has reduced the number of people who are able to get timely access to other important services, including primary care, community care and NHS dentistry services, and has increased demand for mental health services. It has also impacted on access to services for people with learning disabilities and autistic people, as well as those living with dementia. As provision of services for COVID-19 becomes a long-term requirement, NHS England will need to lead the NHS in restoring these wider services, and elective services as set out in the [NHS' Delivery Plan for tackling the COVID-19 backlog of elective care](#), in a way that addresses disparities in provision, and in line with the updated NHS financial settlement. This will pave the way for their future improvement as envisaged in the NHS Long Term Plan.

2.7 Delivery should include:

- Delivering more planned hospital activity to tackle the elective backlog and improve performance for the longest waiting patients, as set out in the NHS'

Delivery Plan for tackling the COVID-19 backlog of elective care, subject to maintaining low levels of COVID-19. This includes ensuring that no one waits longer than two years for elective care by July 2022, that waits of over 18 months are eliminated by April 2023, waits of over 65 weeks by March 2024, and waits of over one year by March 2025 (taking account that some patients may choose to wait longer, or require specific, highly specialised treatment). It also includes the ambition that 95% of patients needing a diagnostic test receive it within six weeks, by March 2025. This will be aided by the roll-out of Community Diagnostic Centres to increase diagnostic capacity.

- Supporting systems to provide better information and targeted assistance for patients in making decisions and as they wait for care, including by supporting general practice teams and patients with greater transparency about waits for elective care and local support available through the roll-out of the My Planned Care platform, and developing better measures of patient experience. In restoring services, it is essential that they are opened up to all, with systems taking action to understand and address disparities.
- Addressing additional demand in primary and community care (which includes delivering the five-year GP contract framework including 26,000 staff in additional roles and delivering 50 million additional appointments in general practice per year by 2023-24) alongside tackling the COVID-19 elective care backlog. This will include working closely with general practice teams and other partners who support patients while they wait for elective care. Expansion of the [Advice and Guidance service](#) will continue, to enable general practice clinicians to discuss clinical cases with secondary care colleagues prior to referral where this is appropriate. This will help patients to receive care from the most appropriate service and help to reduce avoidable outpatient appointments.
- Working towards the recovery of cancer services and delivering improved performance against cancer waiting time standards. The NHS should oversee the completion of any outstanding work on the post-pandemic cancer recovery objectives in the 2021-22 H2 Planning guidance. It should also work towards the ambitions set out in the NHS' Delivery Plan for tackling the COVID-19 backlog of elective care, so that by March 2024, 75% of patients urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days, and to return the number of people waiting more than 62 days from an urgent referral to pre-pandemic levels by March 2023.
- Continuing efforts to restore and improve NHS public health services (including cancer and non-cancer screening services) that were paused or had reduced uptake due to the pandemic. NHS England has delegated

responsibility, via the annual Section 7A public health functions agreement, to commission and deliver pathway requirements and performance expectations for NHS public health services. In particular, this includes working to ensure all those who missed or had a screening appointment delayed during COVID-19 are encouraged to take up the offer of an appointment if they have not already. There should be continued work to reduce disparities and improve uptake across all screening and immunisation programmes, particularly in areas where uptake is historically lower.

- Maximising uptake in all eligible cohorts across the public influenza vaccination programme in line with policy decisions on cohorts, as set out in the annual influenza letter. Data will continue to be used to understand and support reduction in regional variation and health disparities.
- Maximising efforts to improve uptake of all routine vaccinations. This includes routine childhood immunisations, such as MMR (with all areas taking action towards 95% MMR coverage), HPV, meningitis, and improving coverage of polio-containing vaccines to maintain polio transmission risk status, as well as the adult shingles programme.
- Working towards recovery of mental health services performance standards, including the Improving Access to Psychological Therapies (IAPT) recovery rate and children and young people's eating disorder services waiting times. Work should also continue to recover and expand access to broader mental health services, including children and young people's mental health, adult community mental health, IAPT, perinatal mental health, and urgent and emergency mental health services.
- Continuing to develop support for people with a learning disability and autistic people in the community to reduce reliance on mental health inpatient care. Working with local system partners, including local government and the voluntary and community sector to increase access to community support will enable progress towards the NHS Long Term Plan commitment that there will be no more than 30 adults with a learning disability, autism or both in a mental health inpatient setting per million adults, and no more than 12-15 children (under 18) with a learning disability, autism or both in a mental health inpatient setting per million children.
- Continuing to recover NHS dentistry services and support dental system reform.

## **Objective 3: Renew focus on delivering against the NHS Long Term Plan and broader commitments for the NHS**

- 2.8 The NHS Long Term Plan continues to be the guiding strategy for the NHS, setting out a far-reaching programme of transformation with ambitions to improve healthcare outcomes and reduce healthcare disparities for patients, and supporting everyone in England to receive high quality safe care.
- 2.9 The pandemic required the NHS to accelerate delivery of some elements of the Plan. For other commitments, the challenge to deliver them has increased. As the impact of COVID-19 continues to emerge, the Government and NHS England are working together to ensure that the commitments in the Plan reflect the context the NHS faces in 2022.
- 2.10 An update to the NHS Long Term Plan - including revised delivery expectations for relevant commitments - will be published in summer 2022. The update will set out realistic goals for NHS Long Term Plan delivery, incorporating a degree of local flexibility that recognises the role of Integrated Care Boards.
- 2.11 Whilst the Government and NHS England explore the options for advancing NHS Long Term Plan delivery, this objective and the delivery of non-COVID-19 NHS priorities will continue to be assessed against thirteen priority commitments, including in consideration of any ambitions realigned through the update to the Plan. These are:
- There will be 50,000 more nurses working in the NHS
  - There will be 50 million more appointments in general practice per year and 26,000 more staff in additional roles
  - We will build 40 new hospitals
  - NHS performance will improve over time, once impacts of the pandemic are factored in. The NHS will continue to work to return to pre-pandemic elective waiting times, and will work towards improving A&E performance as conditions allow
  - The NHS will continue to contribute towards levelling up, and on tackling healthcare disparities
  - The NHS will continue to improve access to primary and community care
  - The NHS will continue to treat mental health with the same urgency as physical health

- The NHS will better embrace technology to improve patient experience
- The NHS will continue to invest in specific NHS Long Term Plan prevention programmes to improve health outcomes
- The NHS will continue to improve outcomes for major diseases and long-term conditions
- The NHS will continue to accelerate action on reducing stillbirth, maternal mortality, neonatal mortality, and serious brain injury
- The NHS will continue to support its workforce
- The NHS will manage its finances to ensure overall financial balance in each and every year.

2.12 The headline metrics that the Government previously agreed with NHS England (in Annex A) remain appropriate subject to a small number of amendments to be agreed between NHS England and the Government in due course and will be used to measure progress towards delivering the priority commitments. Although they do not reflect everything that the Government expects NHS England to deliver on, or measure in the NHS Long Term Plan and in respect of the manifesto, they capture the Government's headline priorities for the NHS. They will therefore be subject to quarterly reporting, with NHS England raising other matters of concern on broader delivery of the NHS Long Term Plan and manifesto by exception, as and when required. NHS England will continue to report relevant metrics to DHSC and HMT on a regular basis to support the ongoing assessment of performance. The update to the NHS Long Term Plan will review whether the metrics remain appropriate for tracking delivery of NHS priorities in the longer-term, including in consideration of any realigned ambitions.

2.13 The establishment of Integrated Care Systems this year marks an important milestone in a journey towards more integrated care and support, better population health outcomes and reduced health and healthcare disparities. Over the next year there will be an important opportunity to embed the partnership working required to achieve this – particularly at a place level. The Integration White Paper sets out the priority for establishing place-based arrangements which will provide:

- Clarity of leadership and accountability consistent with separate statutory and Accountable Officer responsibilities
- A strong, shared, mission across sectors



- A commitment to integration manifested in removing unnecessary barriers between services but also strengthening connections to those agencies able to influence the wider determinants of health and wellbeing
- A strong culture of improvement and a linked sense of urgency about the need to deliver more integrated care in order to improve outcomes, particularly in respect of care quality.

2.14 NHS England should work with partners to provide support and challenge to each local area to facilitate the above. These arrangements will help local partners meet the new shared outcomes which will be set nationally, following consultation by DHSC, and to agree local shared priorities informed by the views of citizens.

2.15 The NHS should also continue to ensure timely and safe hospital discharges that improve flow and take into account the patient's interim health and care needs. Patients, and where relevant, family and carers should be involved in discharge planning, and informed at the earliest opportunity about the planned discharge date. They should receive information on who they can contact if the individual's condition changes, and any follow-up support they will receive. This will complement the Government's Adult Social Care reforms. It also includes renewing the NHS focus on supporting the Better Care Fund in line with the 2022-23 Policy Framework to be published later in 2022, in particular by consulting the Government before approving local Better Care Fund Plans or exercising any powers in relation to local failure to meet Fund conditions. The Policy Framework will also set out details of the NHS's minimum contribution to the Fund in 2022-23.

## **Objective 4: Embed a population health management approach within local systems, stepping up action to prevent ill health and tackle health disparities**

2.16 COVID-19 has underlined the need for the Government to take broader action on preventable ill health, with the NHS playing a supporting role as set out in the NHS Long Term Plan. The establishment of Integrated Care Systems provides a springboard for further action, further supporting NHS organisations working together with local government and others to identify and meet the needs of their communities. This includes NHS investment in evidence-based programmes to tackle smoking and alcohol abuse; and secondary prevention of heart attacks, stroke, diabetes, and dementia including through the Primary Care Network investment and impact fund and the recovery of Quality Outcomes Framework performance. The NHS Long Term Plan recognises that cardiovascular disease is the single biggest area where the NHS can save lives over the next ten years, since it causes a quarter of all deaths in the UK.

- 2.17 As well as building back better, we must also build back greener. Subject to the passage of the Health and Care Bill, consideration of Net Zero and other environmental objectives will become a legal duty for NHS England, NHS Trusts and Integrated Care Boards. As such in 2022-23, NHS England should continue to deliver against the ambitious targets set out in its [Delivering a Net Zero NHS](#), taking action to decarbonise the NHS at every level of the system. This includes working towards its interim target of reducing the NHS carbon footprint by 80% (compared to 1990) by 2028-32 and remaining on track to achieve Net Zero by 2040.
- 2.18 The [NHS England Core20PLUS5](#) is a framework developed to support Integrated Care Systems to reduce healthcare disparities. The approach focuses on improving cardiovascular disease, cancer, respiratory, maternity, and mental health outcomes in the poorest 20 percent of the population, along with ethnic minorities, inclusion health groups and other Integrated System-chosen groups. Focusing on the five clinical areas will provide traction and impact on reducing premature mortality for Core20PLUS5 population groups.
- 2.19 Relevant priority commitments and metrics at Annex A will be taken into account in considering progress on this objective. Delivery should also include:
- Leading the NHS to (a) deliver an NHS Digital Weight Management Programme; (b) support people to be referred to the services, including incentivising GP referrals to weight management services for eligible adults, and (c) continue to provide services for children and young people living with complex obesity through the Complications from Excess Weight clinics.
  - Ensuring that national and local plans include measurable ambition setting out how healthcare disparities are to be tackled, in relation to access to and experience of NHS services, and to health outcomes, bearing in mind the wider underlying causes of health disparities including the wider determinants of health, and the importance of linking with other public sector partners to share solutions.
  - Increasing detection and optimising the management of hypertension, atrial fibrillation, high cholesterol, and 10-year cardiovascular disease risk by using Integrated Care Systems to (a) deliver case finding including through community pharmacies and the Primary Care Network investment and impact fund and management through the Quality Outcomes Framework and (b) work with local government to support restoration and improvement of the NHS Health Check programme.
  - Ensuring that systems are complying with published data and technology standards, including standards for cyber security, and work towards meeting

the aspirations for digital maturity set out in [What Good Looks Like](#) for patient care (adults and children), for children and young people's public health programmes, and for secondary uses, for example population surveillance, and planning and research, where appropriate.

## **Objective 5: Ensure effective NHS leadership, culture, and use of organisational resource to realise the benefits from future structural changes within health and care**

2.20 Subject to passage of the Health and Care Bill, as we move towards the legal merger of NHS England and NHS Improvement, and the establishment of Integrated Care Boards as statutory bodies, it is crucial that NHS England supports systems to implement these changes efficiently. Regardless of future implementation plans for the Bill, good leadership, effective use of resources, and a positive culture are essential to ensure that the NHS can rise to the challenges ahead and continue transforming services within the NHS Long Term Plan and the Government's reform agenda.

2.21 Delivery should include:

- Health Education England and NHS England will, with DHSC, jointly develop a workforce strategy building on the 15 year strategic framework being delivered by Health Education England and the NHS People Promise and People Plan.
- Ensuring the development of robust whole system plans that set out clear actions on workforce, including the promotion of new ways of working. There should continue to be a strong focus on the health, wellbeing and safety of staff and embedding the compassionate and inclusive culture needed to deliver excellent healthcare services.
- Ensuring that good leaders, with a focus on investing in the workforce, are being recruited, supported, and developed at all levels. This includes agreeing actions with Government to take forward the outcomes of the Health and Social Care Leadership Review, chaired by Sir Gordon Messenger and Dame Linda Pollard.
- Continuing to embed a culture of transparency and openness at every level, which includes effective information sharing with Government to support development of shared strategic priorities and effective accountability and reducing barriers to information sharing (including between providers of services). This also involves encouraging systems to make as much information publicly available as possible and communicate effectively with

patients and the public about how their data is used. This should include how the NHS is learning from feedback and complaints. To support the population health management approach envisaged in objective 4, there should be a focus on sharing information on vulnerabilities (diagnoses, disability, family, social and environmental risk factors) which can lead to poor outcomes (mortality, morbidity, and cognitive, social, emotional development).

- Taking all reasonable steps to ensure that Integrated Care Boards work with patients and communities, local government, and other partners in their Integrated Care Partnership, 'place-based' structures, and their Primary Care Networks to listen to and take account of the needs, insights and assets of their communities.
- Maximising efforts to ensure that all services are communicating with individual patients, their carers and families, and communities in a way that meets their needs - including by meeting the Accessible Information Standard. The Standard requires NHS organisations to meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss. NHS England should also work with system partners, as set out in its 2022-23 planning guidance, to develop communication tools that can help people to access the primary care that they need.
- Ensuring that the Children and Young People's Transformation Board develops its programmes, through ongoing engagement with children and young people and works across the system and through local partners to deliver a reduction in the health disparities experienced by children and young people.
- In collaboration with DHSC, ensuring an orderly merger of new integrated functions into NHS England, including - subject to the passage of the Health and Care Bill - through a smooth transition of NHS England and NHS Improvement into a single legal organisation; and operationally integrating with Health Education England's and NHS Digital's functions. Subject to the agreement of Parliament, the intention is to legally move these functions into NHS England in 2023.
- Ahead of any legal transfer of functions, NHS England will support both Health Education England and NHS Digital to deliver their respective objectives to ensure that recruitment, training, and retention of staff as well as digital transformation are at the heart of national leadership of the NHS.

## 3. Funding

3.1 In accordance with Section 13A of the NHS Act 2006, NHS England's revenue and capital resource limits for 2022-23 are set out in this section, along with limits for future years in line with the outcome of the Spending Review 2021. These are further explained in financial directions. Subject to passage of the Health and Care Bill, the limits included in the mandate will be superseded by those set out in financial directions laid in Parliament and published alongside the mandate.

3.2 We expect NHS England to continue to share data and provide regular and timely updates on both capital and revenue spending, including data on capital deployment, outcomes that are delivered, and detail on a full range of NHS budgets (including central funding and contingencies/risks), to ensure that there is a continued strengthening of financial management going forward.

3.3 It is essential that public money continues to be spent with care, which includes ensuring that financial risk to the health and care system as a whole is robustly managed, and that financial interventions in respect of COVID-19 are targeted, timely, and time-limited. NHS England will ensure that there is overall financial balance in each and every year. To achieve this, it will play an active role in managing risks and pressures within the settlement - including in respect of new service commitments, changes to population forecasts or activity growth projections through effective risk management and contingency plans, making adjustments to plans if necessary.

3.4 The revenue and capital resource limits for NHS England are below.

Revenue budget excluding ringfence (£m, cash terms)	2022-23	2023-24	2024-25
NHS funding baseline	139,990	148,467	151,629
Total budget (including net transfers post-settlement)	152,595	157,403	162,641

Capital budget excluding ringfence (£m, cash terms)	2022-23	2023-24	2024-25
	219	219	219

3.5 The NHS funding baseline figures are taken from the NHS Funding Settlement up to and including 2023-24. The baseline figure for 2024-25 represents the 2023-24 figure grown in real terms. Figures exclude depreciation, AME and technical budget. Adjustments included in NHS England's total revenue budget relate to additional funding for increased employer contributions to the NHS pension

scheme as well as GP indemnity, NHS Supply Chain, and transfers with public health bodies. COVID-19 vaccines and treatments are funded separately from these resource limits.

## **NHS Improvement**

3.6 Reflecting that NHS Improvement works in an integrated way with NHS England, its revenue and capital resource limits excluding ringfence for 2022-23 (which will be added to those of NHS England when, subject to Parliament's agreement its functions are merged into NHS England) are:

- Indicative revenue budget excluding ringfence, subject to business planning (£m, cash terms): 238
- Capital budget excluding ringfence (£m, cash terms): 7

3.7 NHS Improvement is similarly expected to work within these limits. Its revenue budget includes transfers from NHS England.

## **Financial tests**

3.8 To ensure that the NHS is put on a more sustainable footing for the future, the Government set five financial tests which the implementation of the NHS Long Term Plan would be assessed against. While the five tests remain important to the delivery of the NHS Long Term Plan, COVID-19 has meant reporting against the tests has been temporarily put on hold to allow the system to focus on managing and responding to the pandemic. Progress against all five tests is due to resume, but work will be needed to review the metrics underpinning these tests to take account of the new NHS structures being created, and the recently announced 2.2% annual efficiency requirement on NHS's productivity agenda. NHS England will continue to work with the Department of Health and Social Care and Her Majesty's Treasury to set out and develop the financial controls needed in the NHS and ensure they are appropriate and in line with the introduction of Integrated Care Systems.

3.9 The five tests are currently set out as:

- The NHS (including providers) will return to financial balance.
- The NHS will achieve cash releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care.

- The NHS will reduce the growth in demand for care through better integration and prevention.
- The NHS will reduce variation across the health system, improving providers' financial and operational performance.
- The NHS will make better use of capital investment and its existing assets to drive transformation.

# **Annex A - NHS Long Term Plan and manifesto priority commitments**

This annex sets out the headline commitments and the associated underpinning metrics which are being used to measure progress on implementation of the NHS Long Term Plan over time.

Goals and associated trajectories against these metrics, where they have not already been agreed, will be considered through the process of updating the NHS Long Term Plan and engagement with NHS systems through a multi-year strategic planning exercise. The update will also review whether these metrics remain appropriate for tracking delivery of NHS priorities in the longer term.

## **There will be 50,000 more nurses working in the NHS**

- Number of nurses in the NHS

## **There will be 50 million more appointments in general practice a year and 26,000 more staff in additional roles**

- Number of additional appointments in general practice
- Number of staff in additional roles in Primary Care Networks

## **We will build 40 new hospitals**

- Number of new hospitals under construction

## **NHS performance will improve over time, once impacts of the pandemic are factored in. The NHS will continue to work to return to pre-pandemic elective waiting times, and will work towards improving A&E performance as conditions allow**

- A&E performance
- Performance against 18-week Referral to Treatment waiting time standard



- Number of patients on the Referral to Treatment pathway who have been waiting for 52 weeks or more
- Referral to Treatment pathway waiting list size
- Public confidence in the NHS

## **The NHS will continue to contribute towards levelling up and on tackling healthcare disparities**

- Covid-19 vaccinations uptake for ethnic minority groups compared to the national average
- Difference in the percentage of respondents in the most deprived neighbourhoods reporting being seen in general practice at a time they wanted or sooner compared to those in the least deprived neighbourhoods
- Year on year reductions in the difference in the stillbirth and neonatal mortality rate per 1,000 births between that for women from an ethnic minority group and the national average
- Year on year reductions in the gap between the best and worst CCGs for all-cancer survival

A number of other metrics in this annex also measure contributions towards tackling health disparities.

## **The NHS will continue to improve access to primary and community care**

- Number of doctors in general practice
- Number of primary care professionals in general practice
- Patient reported experience in general practice
- Number of personalised care interventions
- Number of social prescribing referrals
- Primary medical and community services real terms expenditure growth.
- Roll out of 2-hour/2-day community rapid response

- Reducing reliance on specialist inpatient care for adults and children with a Learning Disability and Autism
- Number of people with a Learning Disability on the GP register receiving an annual health check

## **The NHS will continue to treat mental health with the same urgency as physical health**

- Number of people accessing Improving Access to Psychological Therapies services
- Number of children and young people accessing NHS-funded mental health services
- Mental health services real terms expenditure growth

## **The NHS will better embrace technology to improve patient experience**

- Percentage of general practices offering digital appointments
- Number of face-to-face outpatient appointments avoided through the outpatient transformation programme
- Proportion of the population registered to use the NHS App
- Number of whole genomes sequenced
- Proportion of A&E attendances that are unheralded

## **The NHS will continue to invest in specific NHS Long Term Plan programmes to improve health outcomes**

- Number of people supported via the NHS diabetes prevention programme - reflecting the NHS's contribution to wider Government action to reduce obesity prevalence
- Number of trusts delivering smoking cessation services - reflecting the NHS's contribution to wider government action to reduce smoking prevalence
- Roll-out of alcohol care teams to hospitals with the highest rate of alcohol dependence-related admissions

- Population coverage of the two doses of MMR vaccine (at 5 years of age)
- Number of people receiving flu vaccination
- Number of people receiving COVID-19 vaccination

## **The NHS will continue to improve outcomes for major diseases and long-term conditions**

- Bowel screening coverage (for agreed age ranges, screened within the last 30 months)
- Breast screening coverage (females aged 50-70, screened within the last 36 months)
- Cervical screening coverage (females aged 25-64, attending screening within the target period)
- Proportion of cancers diagnosed at stages 1 or 2
- Urgent two-week cancer referral performance - potentially to be replaced by the 28-day faster diagnosis standard subject to an upcoming consultation and subsequent Government agreement
- Percentage of patients starting cancer treatment within 62 days of GP referral
- One year cancer survival
- Percentage of all eligible patients accessing cardiac rehabilitation
- Percentage of patients receiving a thrombectomy following a stroke

## **The NHS will continue to accelerate action on reducing stillbirth, maternal mortality, neonatal mortality, and serious brain injury**

- Number of stillbirths per 1,000 total births
- Number of neonatal deaths per 1,000 live births
- Number of serious brain injury cases per 1,000 live births
- Number of maternal mortalities per 100,000 maternities

## **The NHS will continue to support its workforce**

- Proportion of providers and general practices with an outstanding or good rating from the CQC for the "well led" domain
- Proportion of staff who answer "Never" to "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from a) managers; b) other colleagues; or c) patients/service users, their relatives or other members of the public?"
- Proportion of staff in senior leadership roles who are a) from an ethnic minority group and b) women
- Staff engagement rate
- Proportion of staff who answer "Yes, definitely" to "Does your organisation take positive action on health and wellbeing?"
- Sickness absence rate

## **The NHS will manage its finances to ensure overall financial balance in each and every year**

- A balanced overall position
- Number of NHS organisations in financial balance
- Number of NHS systems in financial balance
- NHS productivity growth rate

Metrics for the third, fourth and fifth financial tests will be agreed in line with the work to update the NHS Long Term Plan.