Department of Health & Social Care

The Government's revised mandate to NHS England for 2018-19

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A mandate from the Government to NHS England:
April 2018 to March 2019

Presented to Parliament pursuant to Section 13A(1) of the National Health Service Act 2006

Contents

Foreword

I am proud that seventy years ago, this country became the first in the world to establish the principle that no one – rich or poor, young or old – should ever have to worry about affording good healthcare. In creating our National Health Service, we said something very important about our values as a society. I am certain the celebrations that will mark its 70th anniversary this year will show these principles matter as much today as they ever have.

This mandate is therefore fundamentally about consolidation and renewal. We want to uphold the qualities that have made the NHS so integral over the last 70 years, while also helping to define the future for a healthcare system in the face of rapid and ongoing social, demographic and technological change. As set out in our manifesto, the aspiration must be for exceptional healthcare, whenever, wherever, delivered by an NHS with the money, buildings and people it needs.

The most immediate challenge is managing the increased demand on our healthcare system. The NHS at 70 is seeing more people, more quickly than at any point in its history, including nearly half a million more being treated within 18 weeks of referral compared to five years ago.

Providing timely access to health services is a key part of the promises made when the NHS was first established – and despite more people being seen within agreed timeframes, we are seeing a number of hospitals struggling to meet these core performance standards overall.

The Government therefore expects the NHS to deliver the actions set out in the NHS Planning Guidance for 2018-19 – in full – as key steps towards fully recovering performance against core access standards. This means treating a quarter of a million more patients in A&E, halving the number who have the longest waits for treatment and working towards reducing the number of patients waiting overall.

The NHS will receive an additional £2.8 billion between 2017-18 and 2019-20, taking NHS funding to over half a trillion pounds from 2015 to 2020, but with these increases comes a clear responsibility for the NHS to minimise waste and make best use of its resources.

Secondly, therefore, this mandate outlines the contribution we expect NHS England to make, in partnership with the Department of Health and Social Care and others, to improving productivity. It will do this by delivering the NHS's own 10 Point Efficiency Plan and by reducing unwarranted variation.

Thirdly, the mandate will support NHS England in meeting the commitments it has made with wider system partners to deliver real service transformation in the key areas of mental health, primary care, and cancer. By 2020 these changes will enable the NHS to provide better access to more responsive, more patient-centred, and more sustainable services that will drive improved outcomes in all three areas.

Fourthly, as it approaches its 70th anniversary, the NHS must equally be bold in reshaping its services to meet the needs of an older and increasingly frail population, including embracing the opportunities presented by new technologies. This means pressing ahead with the ambitious plans being developed through Sustainability and Transformation Partnerships, with the creation of new, integrated care systems as a way of delivering more joined up, co-ordinated health and social care across communities.

Finally, as the UK approaches the point of leaving the European Union, the mandate asks NHS England to play its full part, with its system partners, to ensuring a smooth and orderly

withdrawal in the best interests of patients. It is also vital the NHS supports the many EU nationals making an enormous contribution to our health and care services.

And that is because the NHS, ultimately, is nothing without its people. Their expertise, energy and dedication means that our healthcare system has again been rated the best in the world by the Commonwealth Fund, and with 86,000 fewer people harmed between 2013 and 2016 as a result of improvements in safety standards.

Above all, therefore, this mandate acknowledges the extraordinary work being done, day in, day out, to maintain the highest standards of care for patients up and down the country.

We will continue to support the 1.3 million NHS staff in doing so – ensuring that, in this milestone year, the NHS not only renews its commitment to equity, but also pursues excellence in everything it does.

Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care

1. Introduction

1.1. The Government is committed to providing for patients and the public the highest quality, most compassionate health and care service in the world, built on the guiding principles of the NHS: that access to health care is based on need and not the ability to pay, and that services are comprehensive and available to all.

The mandate to NHS England

1.2. NHS England is responsible for arranging the provision of health services in England. The mandate to NHS England sets the Government's objectives and any requirements for NHS England, as well as its budget.[1] In doing so, the mandate sets the direction for the NHS, and helps ensure the NHS is accountable to Parliament and the public. Every year, the Secretary of State must publish a mandate to ensure that NHS England's objectives remain up to date.[2]

1.3. Every government department has produced a Single Departmental Plan setting out its strategic objectives and the work undertaken within the Department to achieve them. Together, the Department of Health and Social Care's Single Departmental Plan and the mandates and remits of the health and care Arm's Length Bodies set out the Government's ambitions for the health and care system as a whole. This mandate sets out NHS England's specific contribution.

1.4. The mandate for 2016-17 set out enduring objectives to 2020, and set NHS England's budget for five years. Setting a multi-year mandate with a multi-year budget enabled the NHS to plan more effectively to deliver our long-term aims. For the first time, the objectives in the 2016-17 mandate were underpinned by specific annual deliverables, and goals to be achieved by 2020 or beyond, as set out in the Annex.

1.5. This mandate continues the approach set out for 2016-17 and then carried forward through 2017-18. It maintains the direction already set and defines annual deliverables for 2018-19 that will keep us on track for meeting our 2020 goals. In some objectives, there are changes and clarifications to reflect developments since the 2016-17 mandate was set.

1.6. NHS England is legally required to seek to achieve the objectives in this document.[3] In doing so, NHS England will need to comply with its responsibilities and delegated authorities as set out in the *Framework Agreement between the Department of Health and NHS England*[4] and *Managing Public Money*[5].

1.7. We will assess NHS England's performance against its objectives, by reviewing progress against agreed yearly deliverables and metrics, alongside improvement in outcomes measures. Our assessment will be published in the Secretary of State's

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[1] NHS England's legal name is the National Health Service Commissioning Board.

[2] In accordance with section 13A(1) of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

[3] This requirement is at section 13A(7) of the National Health Service Act 2006.

[4] https://www.gov.uk/government/publications/framework-agreement-between-dh-and-nhs-england

[5] https://www.gov.uk/government/publications/managing-public-money

annual assessment of NHS England. In turn, we expect NHS England to ensure clinical commissioning groups (CCGs) play their part in delivering the mandate.

The Five Year Forward View and a seven-day NHS

1.8.   The Government is committed to delivering an NHS that offers all its citizens the safest, most compassionate, highest quality healthcare in the world. Spending will continue to increase in real terms every year in this Parliament, and the NHS will receive £10 billion more per year above inflation by 2020-21 than in 2014-15. This investment supports the NHS's Five Year Forward View[6], published in October 2014, and its subsequent update, Next Steps on the NHS Five Year Forward View, which set out progress on this vision for the NHS and how NHS England will deliver service transformation to support it.

1.9.   In this mandate to NHS England to 2020, the Government is entrusting NHS England with the NHS budget to help deliver these commitments, and to meet the evolving needs of the population in a way that is sustainable now and into the future. We believe the NHS should be there when you need it and be accessed easily and conveniently. The quality of care you receive shouldn't depend on the day of the week that you access it and access to crisis care shouldn't depend on your condition. The objectives the Government has set for NHS England will help the NHS to deliver changes and seven-day services that mean:

- Access to consistent standards of urgent and emergency hospital care, senior doctors and diagnostics no matter which day of the week you are admitted.
- Weekend and evening access to primary care.
- Faster, more streamlined access to urgent care, seven days a week through the 111 phone number.
- 24/7 access to mental health crisis care in both community and A&E settings.

1.10.   We will hold NHS England to account for its leadership of and contribution to delivery of the Five Year Forward View and Next Steps, including progress made towards a seven-day NHS.

Key measures of success

1.11.   We expect the NHS to deliver the Five Year Forward View and close the gaps in the quality of health, care and NHS finances through Sustainability and Transformation Plans (STPs). For the first time local service leaders in every part of England, both on the commissioner and provider side, have come together to develop these plans, with the aim of transforming health and care in the communities they serve. A number of metrics will be used to measure progress across STP footprints in delivering the Five Year Forward View, linking performance of the NHS at a local level more explicitly to national accountability.

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[6] https://www.england.nhs.uk/ourwork/futurenhs/

2. NHS England's objectives

2.1. This mandate is based on the shared priorities of Government and its partner organisations for health and care – the priorities we believe are central to delivering the changes needed to ensure the NHS is always there whenever people need it most. As leader of the commissioning system, but working with others, NHS England has a central role to play. This mandate sets objectives for NHS England that reflect its contribution to these ambitions to 2020.

- **OBJECTIVE 1: Through better commissioning, improve local and national health outcomes, and reduce health inequalities.**

2.2. To do this, we need greater transparency about the quality and outcomes of care. We expect NHS England to maintain the CCG improvement and assessment framework, to enable local areas to see how their services and outcomes compare to others and make consistent improvements. We expect NHS England to demonstrate improvements against the NHS Outcomes Framework, and work with CCGs to reduce inequalities in access, quality of care and outcomes at a local level.[7] NHS England must ensure commissioning focuses on measurable reductions in inequalities in access to health services, in people's experience of the health system, and across a specified range of health outcomes, which contribute to reducing inequalities in life expectancy and healthy life expectancy.

- **OBJECTIVE 2: To help create the safest, highest quality health and care service.**

2.3. Everyone deserves high quality care that is safe, compassionate and effective, at all times and which is right for them, regardless of their condition. We want NHS England to help ensure the NHS provides the same standards of care, seven days a week, for people who need urgent and emergency hospital care, and that harm is minimised by avoiding unnecessary complications or admissions to hospital. We want the NHS to become the world's largest learning organisation, with a culture that uses all sources of insight, including from complaints[8], to improve services and quality of care, particularly for the most vulnerable. NHS England should ensure the NHS helps to identify violence and abuse early and supports victims to get their lives back sooner, including through improved data sharing with community partners.

2.4. NHS England should ensure the NHS meets the needs of each individual with a service where people's experience of their care is seen as an integral part of overall quality. We want people to be empowered to shape and manage their own health and care and make meaningful choices, particularly for maternity services, people with long term conditions and as set out in the Government's response to the end-of-life care Choice

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[7] https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017
[8] http://www.healthwatch.co.uk/resource/my-expectations-raising-concerns-and-complaints-report

Review.[9] Carers should routinely be identified and given access to information and advice about the support available.

2.5.   A priority for NHS England will be to improve early diagnosis, services and outcomes for cancer patients, as outlined in Achieving World-Class Cancer Outcomes: A strategy for England 2015-20.[10]

- **OBJECTIVE 3: To balance the NHS budget and improve efficiency and productivity.**

2.6.   Meeting the demands of today's and tomorrow's patients and carers from within the existing NHS budget depends on the system stabilising its finances and delivering the wider changes called for by the Five Year Forward View. The Government is supporting the NHS's Five Year Forward view, increasing its annual funding by at least £10 billion above inflation by 2020-21, compared to 2014-15. This funding and the NHS budget is entrusted to NHS England.

2.7.   We expect NHS England to ensure overall financial balance in the NHS, working with NHS Improvement (which has statutory responsibility for trust financial control) to support local areas in developing credible, financially balanced operational plans, which build on, and align with, STPs.

2.8.   We want NHS England to ensure that aggregate spending by commissioners does not exceed mandate funding. We also expect commissioners to work collaboratively with local authorities to make the most efficient and effective use of health and social care funding. Working with NHS Improvement, NHS England should determine pricing arrangements that are affordable for commissioners and allow providers to meet their financial duties – in doing so helping to spend taxpayers' money more efficiently and reduce waste, and ensuring we get maximum value for patients, their carers and service users from every pound spent. To this end, the Next Steps on the NHS Five Year Forward View published last March, set out a joint NHS 10 Point Efficiency Plan. This set out how the NHS will deliver the identified large efficiency opportunities requiring concerted action right across the system, with national implementation support, as a critical part of balancing its budget.

2.9.   NHS England must seek to achieve this whilst continuing to deliver high quality care and delivering against the objectives set out in this mandate.

- **OBJECTIVE 4: To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.**

2.10.   The escalating demands of ill health driven by our lifestyles also threaten the long-term sustainability of the NHS. Embedding prevention is therefore crucial to improving and lengthening lives, reducing health inequalities, and to reducing avoidable demand for NHS services. Across the health and care system, we want the NHS to do more with partners on the broader prevention agenda, such as tackling smoking, alcohol and drug misuse and physical inactivity. We fully support the focus in the Five Year Forward View on preventing avoidable ill health and premature mortality. We ask NHS England to lead

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[9] https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response

[10] https://www.england.nhs.uk/cancer/strategy/

a step-change in the NHS on helping people to live healthier lives by tackling obesity and preventable illness. In particular, this includes contributing to the Government's goal to reduce child obesity and doing more to reach the five million people at high risk of diabetes and improve the management and care of people with diabetes. As part of the 2020 Dementia Challenge, we expect NHS England to make measurable improvements in the quality of care and support for people with dementia, and to increase public awareness.

- **OBJECTIVE 5: To maintain and improve performance against core standards.**

2.11. Our NHS should always provide the best care for everyone – wherever they are and whenever they need it, in line with the NHS Constitution. The Government has committed to real terms growth in the NHS budget to ensure that the service can continue to perform well, with the capacity to deal with rises in demand during the winter months, and to play its part in any national emergency. We expect NHS England to support the NHS to improve and, where possible, maintain access to timely, quality services for all patients.

- **OBJECTIVE 6: To improve out-of-hospital care.**

2.12. We want to see more services provided out of hospitals, a larger primary care workforce and greater integration with social care, so that care is more joined up to meet people's physical health, mental health and social care needs. We expect NHS England to ensure everyone has easier and more convenient access to planned GP services, including appointments in the evenings and at weekends where this is more convenient for them, and effective access to quality urgent and emergency care 24 hours a day across the whole week.

2.13. We want to see more power and control devolved to more areas, enabling communities to design and develop new models of care tailored to meet the needs of their local populations. NHS England should support the NHS to achieve the Government's aim that health and social care are integrated across the country by 2020, including through the Better Care Fund. The move towards greater system working in 2018/19 will be reinforced by the voluntary roll-out of Integrated Care Systems.

2.14. People with mental health problems should receive better quality care at all times, accessing the right support and treatment throughout all stages of life. We expect NHS England to strive to reduce the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and support them to live full, healthy and independent lives. This will require great strides in improving care and outcomes through prevention, early intervention and improved access to integrated services to ensure physical health needs are addressed too. In particular, vulnerable children, homeless people, veterans, unpaid carers, offenders and people in places of detention, including immigration removal centres, should receive high quality, integrated seven-day services that meet their health needs. To close the health gap for people of all ages, we want to see a system-wide transformation in children and young people's mental health[11], with a greater focus on prevention and early intervention, as well as

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[11] https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

improvements to perinatal mental health. Central to this approach, we expect NHS England to work with partners to deliver, and support the delivery of, the Five Year Forward View Implementation Plan. Overall there should be measurable progress towards the parity of esteem for mental health enshrined in the NHS Constitution, particularly for those in vulnerable situations. The Mental Health Dashboard will maintain reporting against access and treatment commitments in the Five Year Forward View for Mental Health and the levels of local investment in mental health.

- **OBJECTIVE 7: To support research, innovation and growth and to support the Government's implementation of EU Exit in regards to health and care.**

2.15. Just as a strong NHS depends on a strong economy, so a strong NHS can contribute to the growth of a strong economy, especially in health and life sciences. We ask NHS England to promote and support participation by NHS organisations, patients and carers in research funded both by commercial and non-commercial organisations, so that the NHS supports and harnesses the best research and innovations and becomes the research partner of choice. We expect to see NHS England help the NHS contribute to economic growth, to support the NHS to reduce the impact of ill health and disability, and to support and harness research and innovation to enable cost effective, affordable, transformative new treatments to reach patients and their carers more quickly, whilst also securing better value from companies. As part of this, we expect NHS England to work with the life sciences sector and Government as it takes forward a life sciences strategy that makes the UK the best place in the world to invest in life sciences and develop innovative, cost effective and affordable new products.   NHS England should also support the NHS to make better use of digital services and technology to transform patients' and their carers' access to and use of health and care, including online access to their personal health records.

2.16. With the UK's withdrawal from the EU approaching, we ask NHS England to help support the Government and work with other ALBs to help effectively prepare the health sector for day one readiness. This includes preparing to implement the outcome of the future partnership we hope and expect to negotiate with the EU, and for the very unlikely scenario in which no mutually satisfactory agreement can be reached and the UK exits without a deal. An important aspect of this will be working with NHS Improvement to ensure that commissioners' and providers' planning includes preparation to support a smooth and orderly exit from the EU.

3. NHS England's budget

3.1. NHS England's indicative revenue and capital budgets for each year of the Parliament were first set out in the mandate for 2016-17.[12] Details of NHS England's revenue and capital budgets for 2018-19 and the indicative budgets for the remaining years of this Parliament, updated to reflect the 2017 Budget, are set out in the table below. A further breakdown of these figures is provided in the financial directions.[13]

	2016-17 (Revised)	**2017-18** (Revised)	**2018-19** (Revised)	**2019-20**
Total revenue budget (£m)	106,528	110,002	114,421[14]	120, 711[15]
Capital budget (£m)	260	247	254	305

3.2. NHS England will need to comply with the financial directions made under the National Health Service Act 2006, which set out further technical limits, including spending on administration.

3.3. NHS England is responsible for allocating the budgets for commissioning NHS services. This prevents any perception of political interference in the way that money is distributed between different parts of the country. The Government expects the principle of ensuring equal access for equal need to be at the heart of NHS England's approach to allocating budgets. This process must be transparent, and must ensure that changes in allocations do not result in the destabilising of local health economies.

3.4. NHS England will ensure overall financial balance in the NHS, working with NHS Improvement, which has statutory responsibility for trust financial control. To support this, £2.45bn of NHS England's budget for 2018-19 will be allocated through the Provider Sustainability Fund to support providers, in particular of emergency services, payable through commissioning or as other support, Receipt of the Provider Sustainability Fund is subject to trusts meeting their control totals and improved A&E performance goals. There will be specific arrangements for Integrated Care Systems,

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[12] The 2016-17 and 2017-18 figures have been revised to take account of updated budget figures.

[13] See section 223D of the NHS Act 2006 (financial duties of the Board); the revenue and capital budgets are the amounts specified as the limits on total resource use under subsections (2) and (3).

[14] Figure inclusive of £800m Agenda for Change funding for the NHS in 2018-19 that was routed directly by DHSC to the individual organisations concerned, rather than via the mandate to NHS England for 2018-19.

[15] The DHSC consultation response of 4 March 2019 confirmed that the employer contribution rate for the NHS England Pensions scheme would rise. Alongside the funding settlement for the NHS announced in June 2018, the Government committed to provide additional recurrent funding to meet the anticipated costs pressure to the NHS in England arising from this scheme valuation. This funding is not yet reflected in the 2019-20 revenue figure. Additional receipts from the Voluntary and Statutory schemes for branded medicines are included.

aligned to their system control totals.   A new £400m Commissioner Sustainability Fund will also be created to support commissioners to achieve financial balance.

Annex: How we will assess NHS England's performance

The table below shows NHS England's objectives with an overall measurable goal for this Parliament and clear priority deliverables for 2018-19. The majority of these goals will be achieved in partnership with the Department of Health and Social Care, NHS Improvement and other health bodies such as Public Health England, Health Education England, the Care Quality Commission and NHS Digital.

We expect NHS England to provide assurance about how they will meet the deliverables set out below.

1.	Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.
1.1 CCG and STP performance	*Overall 2020 goals:* • Consistent improvement in performance of CCGs against the CCG improvement and assessment framework, increasing the proportion of CCGs that are rated 'Good' or 'Outstanding'. • With NHS Improvement, support local areas to ensure delivery of agreed plans within each STP area, including progress against metrics. *2018-19 deliverables:* • By July 2018, publish the results of the CCG improvement and assessment framework for 2017-18. This will continue to include independent assessment of CCG performance for each of cancer, dementia, maternity, mental health, learning disabilities and diabetes. • With NHS Improvement, ensure commissioners and providers deliver their 2018-19 operational plans, which will deliver year two of locally agreed STPs.
2.	To help create the safest, highest quality health and care service.
2.1 Improving service quality and achieving seven-day services	*Overall 2020 goals:* • Roll out of seven-day services in hospital to 100% of the population (four priority clinical standards in all relevant specialities, with progress also made on the other six standards), so that patients receive the same standards of care, seven days a week. • Working with NHS Improvement, continue to support providers to develop and publish a Board level service quality improvement plan that will achieve significant and measureable improvements in the quality of services, thereby reducing deaths, severe harm and other adverse outcomes attributable to problems in healthcare.

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- Support NHS Improvement to significantly increase the number of trusts rated 'Good' or 'Outstanding', including significantly reducing the length of time trusts remain in special measures.

- Under the Maternity Transformation Programme[16], work with the Department of Health and Social Care and partners in a system-wide effort to achieve the national maternity ambition, to reduce the 2010 rate of stillbirths, neonatal deaths, maternal deaths and brain injuries in babies that occur during or soon after birth by 20% by 2020, demonstrating progress towards the national ambition to reduce rates by 50% by 2025.

- Support the NHS to be well-led and demonstrate open, learning cultures with good leadership and quality interactions evident across and between organisations; where staff feel valued, feedback on care and workplaces is welcomed and problem behaviours are tackled promptly.

- Measurable improvement in antimicrobial prescribing, resistance rates and healthcare associated infection rates to support the Government to meet its ambition to halve inappropriate prescribing of antibiotics and halve Gram-negative infections by 2020.

2018-19 deliverables:

- Continue to roll out the seven-day services four priority clinical standards to five specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke); and the seven-day services four priority clinical standards in hospitals to 50% of the population.

- Work with NHS Improvement to ensure that providers improve transparency and public engagement in developing their service quality improvement plan, using data on adverse outcomes as a catalyst for positive change.

- Continue implementation of the Maternity Transformation Programme, including the Saving Babies' Lives care bundle.

- Continue to participate in the Leadership Development and Improvement Board and deliver actions agreed as part of the Leadership Development and Improvement framework for 2018-19.

- Support the Government's ambitions on antimicrobial resistance by taking action to improve prescribing , surveillance and diagnostic testing, and reduce E.Coli blood stream infections in line with performance set out in the quality premium indicator for 2018-19.

- Work with partners to ensure NHS services play their part in the Government's Prevent programme, including involvement of services in multi-agency processes and response to individuals' health needs.

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<tr><td>2.2 Patient experience</td><td>*Overall 2020 goals:*</td></tr>
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[16] https://www.england.nhs.uk/ourwork/futurenhs/mat-transformation/

	• With NHS Improvement, improve the percentage of NHS staff who report that patient and service user feedback is used to make informed improvement decisions.
	• Ensure that patients, their families and carers are involved, through co-production, in defining what matters most in the quality of experience of services and assessing and improving the quality of NHS services.
	• 50,000-100,000 people to have a personal health budget or integrated personal budget (up from current estimate of 7,600).
	• Significantly improve patient choice, including in maternity, end-of-life care, elective care and for people with long-term conditions.
	2018-19 deliverables:
	• Implement findings from phase 2 of the Maternity Experience Challenge Fund to strengthen the perceived value of and cultural approach to feedback, ensuring the effectiveness of the Family Test alongside other sources of feedback to drive service improvements, and that any changes to the Family Test guidance are put in place for April 2019.
	• Development and adoption of externally validated co-production improvement methodologies, including the continued rollout of always events with NHS organisations and other care settings.
	• Continue to ensure that feedback from complaints, whistleblowing and wider feedback is used to support patients, their carers and staff, to drive up quality and improve patient safety in primary care and specialised commissioning.
	• Continue to make measurable progress to embed Personal Health Budgets for those with a legal right and expand their use in other groups, including wheelchair users, those with learning disabilities, and in end-of-life care and expand the Integrated Personal Commissioning programme.
	• Increase the percentage of people identified as likely to be in their last year of life, so that their End of Life Care can be improved by personalising it according to their needs and preferences.
2.3 Cancer	*Overall 2020 goals:*
	• Deliver recommendations of the Independent Cancer Taskforce.
	2018-19 deliverables:
	• Deliver agreed priority milestones for 2018-19, building on Achieving World-Class Cancer Outcomes: Taking the strategy forward.[17]
	• Achieve the 62-day cancer waiting times standard, and maintain performance against the other cancer waiting times standards.
	• Improve the proportion of cancers diagnosed at stages 1 and 2 over the previous year.

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[17] https://www.england.nhs.uk/cancer/strategy/

	• Work with partners across the cancer community to pilot an approach to measuring long-term quality of life for people living with and beyond cancer, and agree an implementation plan to begin data collection in 2018-19.
	• Invest up to £340m in providing cancer treatments through the Cancer Drugs Fund (CDF), including those recommended by NICE for use in the CDF.
3.	To balance the NHS budget and improve efficiency and productivity.
3.1 Balancing the NHS budget	*Overall 2020 goals:*
	• Ensure overall financial balance in the NHS, working with NHS Improvement, which has statutory responsibility for trust financial control, and that the necessary efficiency and productivity improvements are realised, while continuing to improve the quality of care.
	• Ensure that commissioners discharge their duties in a way which supports all parts of the system (commissioners and providers) to live within their control totals, as individual organisations, across Sustainability and Transformation Plan footprints, and in aggregate.
	• With the Department of Health and Social Care and NHS Improvement, achieve year on year improvements in NHS efficiency and productivity (2-3% each year), including from reducing growth in activity, improving the quality of care and maximising cost recovery.
	• Work with NHS Improvement to determine pricing arrangements that are affordable for commissioners, allow providers to meet their financial duties, and are consistent with the strategic direction of the Five Year Forward View.
	• Support NHS Improvement, Department of Health and Social Care and other partners to deliver the Government's goal to raise £3.3bn by 2022-23 and generate 26,000 new homes by March 2020 from releasing surplus NHS land.
	2018-19 deliverables:
	• Ensure overall financial balance in the NHS, working with NHS Improvement, which has statutory responsibility for trust financial control.
	• Ensure that aggregate spending by commissioners (NHS England and CCGs) does not exceed mandate funding for 2018-19.
	• With NHS Improvement, before the end of the 2018-19 contracting round, provide formal assurance to the Department of Health and Social Care that operational plans deliver mandate objectives and are based on consistent, credible planning assumptions across commissioners and providers, or where not, agree and implement an action plan to address outstanding issues.

	• Ensure CCGs take steps to better manage demand in acute services through effective implementation of programmes including New Care Models, Right Care and Self Care.
	
	• Measurable improvement in primary care productivity, including through supporting community pharmacy reform.
	
	• Ensure commissioning aims are consistent with and support the delivery of provider productivity, including working with NHS Improvement in securing Carter efficiency savings and reducing spend on agency staff.
	
	• Support the Department of Health and Social Care to take forward the Government's commitment for the NHS to recover income from overseas chargeable patients, including by:
	
	   o working with NHS Improvement, ensuring CCGs contribute to efforts to maximise and embed cost recovery within all trusts identified by NHS Improvement, and disseminating lessons learned across the country.
	
	   o working with the Department of Health and Social Care and other stakeholders on the further development of cost recovery and eligibility checking policy.
	
	• With NHS Improvement, ensure that every STP makes progress with developing a strategic estates plan that is consistent with progress towards the 2020 national goals.

4.	To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
4.1 Obesity, diabetes and prevention	*Overall 2020 goals:* • Measurable reduction in child obesity as part of the Government's childhood obesity plan.[18] • 100,000 people supported to reduce their risk of diabetes through the NHS Diabetes Prevention Programme. • Measurable reduction in variation in the management and care for people with diabetes, including improving the achievement of the NICE recommended treatment targets whilst driving down variation between CCGs. • With support from Public Health England, contribute to the reduction of preventable illness and associated hospital admissions through the implementation of tangible, preventative interventions in the NHS. *2018-19 deliverables:* • Deliver NHS England's contribution to the Government's childhood obesity plan in 2018-19.

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[18] https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

	• At least 60,000 people referred to the Diabetes Prevention Programme. • Fund, and deliver with Public Health England, a programme from April 2017 to March 2019, that will support the implementation of identified preventative interventions at scale by the NHS, in collaboration with local health and care partners.
4.2 Dementia	*Overall 2020 goals:* • Deliver the actions as outlined in the Challenge on Dementia 2020 Implementation Plan.[19] *2018-19 deliverables:* • Maintain a minimum of two thirds diagnosis rates for people with dementia. • Implement and embed the dementia pathway, set out in the Implementation Guide and resource pack for dementia care, and improve the quality of post-diagnosis treatment and support.
5.	To maintain and improve performance against core patient access standards.
5.1 A&E, Ambulances and Referral to Treatment (RTT)	*Overall 2020 goals:* • 95% of people attending A&E seen within four hours. • A 24/7 integrated urgent care service implemented in each footprint, including a clinical hub that supports 111, 999 and out-of-hours calls from the public and all healthcare professionals. • Meet ambulance response time standards for the most urgent calls and the A&E standard. • At least 92% of patients on incomplete non-emergency pathways to have been waiting no more than 18 weeks from referral; no-one waits more than 52 weeks from referral; and less than 1% of patients waiting for a diagnostic test to wait more than 6 weeks from referral. • Ensure the NHS plays its part in significantly reducing delayed transfers of care by developing and applying new incentives. *2018-19 deliverables:* • Co-implement the agreed A&E recovery plan with NHS Improvement and deliver aggregate A&E performance in England above 90% in September 2018, with the majority of trusts meeting 95% in March 2019, and aggregate performance in England at 95% within the course of 2019, including by: o ensuring all care home residents at risk of admission to hospital are first seen by a GP or ambulance 'see and treat' model.

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[19] https://www.gov.uk/government/publications/challenge-on-dementia-2020-implementation-plan

<table>
<tr><td></td><td>implementing the agreed process to address hospital bed capacity issues.
Continuing to improve patient flow, reduce DTOCs and support NHSI to manage capacity inside hospitals through implementing the "Improving Patient Flow" guidance.
Implement actions for 2018-19 that are set out in the agreed plan for staged rollout of integrated urgent care to 2020..
With NHS Improvement, meet agreed standards on A&E, ambulances, diagnostics and referral to treatment.
Working with NHS Improvement and local government partners, reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to around 4,000 daily delays by September 2018 (recognising existing variation between areas) by:
setting clear trajectories for improvement for each area, based on previous performance.
ensuring that each area fully implements evidence-based approaches to reducing delays, including a 'discharge to assess' model, and a 'trusted assessor' agreement.
piloting and evaluating models for providing hospital services to people in their own homes, to avoid unnecessary admissions and support more timely discharge.
providing targeted intervention and support for the most challenged areas.
Continue this performance for the remainder of 2018-19 and set out plans for a more ambitious goal for 2019-20.
Develop and implement plans to moderate avoidable growth in demand for elective services, including through sharing benchmarking data with CCGs and advice and guidance services.</td></tr>
<tr><td>**6.**</td><td>To improve out-of-hospital care.</td></tr>
<tr><td>6.1 New models of care and General Practice</td><td>*Overall 2020 goals:*
Implementation of the measures to support general practice set out in the General Practice Forward View[20], including:
improved access to primary care, ensuring 100% of the population has access to weekend/evening routine GP appointments.
5,000 extra doctors in general practice, delivered jointly with Health Education England.
Measurable reduction in age standardised emergency admission rates and inpatient bed-day rates; more significant reductions through the New Care Model programme covering at least 50% of the population.</td></tr>
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[20] https://www.england.nhs.uk/gp/gpfv/

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2018-19 deliverables:

- Deliver 2018-19 core requirements for access to enhanced GP services, including evening and weekend access, to a total of 100% of the population.

- Support NHS Digital and the Department of Health and Social Care to provide practices with clinical data by named GP.

- Achieve 20% coverage of the population by the New Care Model programme, and 20% coverage by Integrated Care Systems.

- Assess progress of the vanguards and identify models consistent with the multispecialty community providers, integrated primary and acute care systems and enhanced health in care homes vanguard frameworks that can be replicated across the country.

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6.2 Health and social care integration

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Overall 2020 goals:

- Achieve better integration of health and social care in every area of the country, with significant improvements in performance against relevant indicators within the CCG improvement and assessment framework, including new models of care. Areas can graduate from the Better Care Fund programme management once they can demonstrate they have moved beyond its requirements.

2018-19 deliverables:

- Implement the Better Care Fund in line with the Integration and Better Care Fund Policy Framework for 2017-19. In particular this includes:

  o ring-fencing £3.65bn within its allocation to CCGs to implement the Better Care Fund in 2018-19, and ensure the amount spent from within this on schemes identified in Better Care Fund plans as 'social care' in 2017-18 is maintained in line with inflation in every area (Better Care Fund national condition 2);[21]

  o consulting the Department of Health and Social Care and the Ministry for Housing, Communities and Local Government before approving BCF plans drawn up by each local area; and

  o consulting the Department of Health and Social Care and the Ministry for Housing, Communities and Local Government before exercising its powers in relation to failure to meet specified conditions relating to the Better Care Fund, including any actions attached to the allotment of funds to a CCG.

- Working with partners, achieve accelerated implementation of health and social care integration, including through sharing electronic health records and making measurable progress towards integrated assessment and provision.

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[21] In addition, within NHS England's indicative budget for 2018-19, NHS England is expected to be required to ring-fence £3.65bn within its allocation to CCGs to establish the Better Care Fund in 2018-19.

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	- Work with the Department of Health and Social Care, other national partners and local areas to agree and support implementation of those local devolution deals which include health proposals, subject to NHS England's devolution criteria, in order to support local transformation objectives for improved population outcomes, experience of care and value for money. - With the Department of Health and Social Care, increase the proportion of NHS Continuing Healthcare assessments undertaken outside of an acute setting. - Collaborate with local authorities to support the sustainability of social care, including on programmes such as New Care Models, Urgent Care and Right Care.
6.3 Mental health, learning disabilities and autism	*Overall 2020 goal:* - To implement the Mental Health Five Year Forward View[22] recommendations and ensure 1 million more people with mental health problems are accessing high quality care. - At least 70,000 more children and young people to access evidence based treatment. *2018-19 deliverables:* - Deliver the 2018-19 Mental Health Five Year Forward View Implementation Plan[23] recommendations. - Work with system partners to deliver the Mental Health Five Year Data Plan, the Mental Health Workforce Strategy, the Future in Mind recommendations, and support Government priorities and commitments to improving mental health for children and young people, offenders in the community as well as health for adults, children and young people in secure settings. The National Partnership Agreement for Prison Healthcare in England 2018-21 will be published in April 2018.. - Embed access and waiting time standards for mental health services for Early Intervention in Psychosis, Improving Access to Psychological Therapies and eating disorders. - Implement the improvement programme for crisis and acute mental health care, including investing in liaison psychiatry and crisis resolution and home treatment teams as part of seven-day services, as well as continuing to collaborate with partners to support the ongoing work to improve care for people detained under s.136 of the Mental Health Act, including provision of health based places of safety. - Work with the Department of Health and Social Care and NHS Digital to ensure robust data on acute out of area placements is collected and reporting is embedded. Plans should deliver year-on-year reductions to eliminate inappropriate acute out of area placements by 2020-21.

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[22] https://www.england.nhs.uk/mental-health/taskforce/

[23] https://www.england.nhs.uk/mental-health/taskforce/imp/

	• Reduce reliance on inpatient care for children, young people and adults with a learning disability and/or autism who display behaviour that challenges to achieve a bed reduction of 35-50% by March 2019.
7.	To support research, innovation and growth and to support the Government's implementation of EU Exit in regards to health and care.

7.1 Research and growth	*Overall 2020 goals:*
	
	• Support the Department of Health and Social Care and the Health Research Authority in their ambition to improve the UK's international ranking for health research.
	
	• Implement research proposals, initiatives and deliverables in the NHS England research plan.
	
	• Measurable improvement in NHS uptake of innovations prioritised by the Accelerated Access Partnership, focusing on those that are affordable and cost-effective.
	
	• Work with Genomics England to embed genomic medicine and application of genomic technologies into NHS care building upon the 100,000 Genomes Project and the UK Strategy for Rare Diseases.
	
	2018-19 deliverables:
	
	• Work with partners to progress implementation of new proposals for Excess Treatment Costs as outlined in "Supporting Research in the NHS"[24], subject to the outcome of the consultation.Promote and support participation by NHS organisations and patients in research funded both by commercial and non-commercial organisations, demonstrating progress against the following commitments :
	    o Clinical trials set up and reporting;
	    o Research needs prioritisation.
	
	• Improve NHS commissioner input into identifying research needs in the NHS.
	
	• Implement commitments set out in response to the Accelerated Access Review[25].
	
	• Develop, jointly with Genomics England, the approach to begin to embed genomics into routine care and engage other national partners including NHS Improvement, NHS Digital, Health Education England and Public Health England, to align the service with recommendations in the Chief Medical Officer's 2016 report "Generation Genome".

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[24] https://www.engage.england.nhs.uk/...research.../supporting-research-consultation.pdf

[25] https://www.gov.uk/government/publications/accelerated-access-review-final-report

7.2 Technology	*Overall 2020 goals:*
	• Support delivery of the National Information Board Framework on Personalised Health and Care 2020.[26]
	• 95% of GP patients to be offered e-consultation and other digital services.
	• Ensure all clinical correspondence and transfers of care are shared electronically and the opening up of systems to enable sharing of care records.
	2018-19 deliverables:
	• Robust data security standards in place and being enforced for patient confidential data, implementing, with NHS Digital and NHS Improvement, the 2016 National Data Guardian for Health and Care review[27] recommendations on data security.
	• Ensure high quality appointment booking app with access to full medical record available, implementing the new national opt out model to be finalised following the 2016 independent review.
	• Each practice to have a minimum of 10% of patients accessing primary care services online or through apps. In addition, the overall number of patients accessing primary services online or through apps will increase by 20% in line with trajectory and the plan for achieving a significant increase by 2020.
	• Make measurable progress towards achieving 100% of GP to first outpatient referrals through NHS e-RS by October 2018.
7.3 Health and work	*Overall 2020 goal:*
	• Contribute to reducing the disability employment gap.
	• Contribute to the Government's goal to increase integrated working between health services and work-related interventions, including through increasing the use of Fit for Work.
	2018-19 deliverables:
	• With the Work and Health Unit and local partners, continue to implement health-led employment trials, which will run for between two to three years from spring 2017.
	• With the Work and Health Unit and NHS Digital, create the right environment to support an increase in referrals by GPs to occupational health support.
7.4 EU Exit	*Overall 2020 goal:*
	• With the Department of Health and Social Care and its other Arm's Length Bodies, help support local areas to implement the outcome of

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[26] https://www.gov.uk/government/publications/personalised-health-and-care-2020

[27] https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs

	negotiations with the European Union to help ensure that services continue to operate effectively.
	2018-19 deliverables
	• With NHS Improvement, ensure that commissioners' and providers' 2019-20 planning includes relevant plans to manage any changes post-EU exit to support a smooth and orderly exit from the European Union.