



Department
of Health &
Social Care

The Government's revised 2019-20 Accountability Framework with NHS England and NHS Improvement

March 2020

The Government's revised 2019-20 Accountability Framework with NHS England and NHS Improvement

This document includes the Government's statutory annual mandate to NHS England for 2019-20 and the annual remit for NHS Improvement for 2019-20.

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

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Foreword

The NHS has always been at its best when it has looked to the future. Needs change, technology evolves, what people expect of the National Health Service has changed dramatically since it was founded 70 years ago. Thanks to the financial settlement for the NHS that will see its annual budget increase by £33.9 billion by 2023-24 - the longest and largest cash settlement in the history of the NHS - we can once again plan for the future with confidence. The settlement puts the NHS on a sustainable financial path to transform services for patients in line with the commitments set out in the NHS Long Term Plan, whilst guaranteeing value for taxpayers' money.

The Long Term Plan looks out over the decade ahead and beyond. It anticipates how society is going to change: the opportunities and challenges of people living longer, how new technology such as Artificial Intelligence, robotics, genomics, and personalised medicines present us with the possibility of transforming healthcare, making life easier for our NHS staff, helping prevent people becoming ill in the first place, spotting problems sooner, and nursing them back to health quicker when they do.

The Plan has been created in partnership with doctors, nurses, other clinicians and patients and the wider public. This document sets out how the NHS will begin to deliver on this vision in 2019-20, planning to use the best of modern, innovative healthcare to meet the changing needs of our population now and into the future.

This Accountability Framework with NHS England and NHS Improvement, which includes the Government's statutory mandate to NHS England, sets out that our expectations for NHS England and NHS Improvement in 2019-20 are to deliver the first year of the Long Term Plan and address the immediate needs associated with EU Exit. A further Accountability Framework will then cover the following four-year period, again based on the Long Term Plan and building on engagement with local government and the Healthwatch network.

It is quite right that this year's Accountability Framework is wholly aligned with the long term vision and direction for the health service, and that we use it to set a single, common set of 2019-20 objectives for NHS England and NHS Improvement. It reflects their shared responsibility for leading the NHS in implementing the Long Term Plan, and the need to focus - in this critical first year - on early steps to ensure that the Plan is implemented well.

Taking the NHS into the future is a job for all of us, working together to shape this institution of which we are all so proud. The Plan was driven by patients and staff. It will be delivered by ever-closer working between NHS England and NHS Improvement, recognised in this joint document of commitments, and by local government, in touch with the needs of their own communities as we build increasingly integrated and sustainable health and social care services. And it is supported wholeheartedly by the Government,

putting the NHS on a sustainable financial footing so it is always there for you and your family.

A handwritten signature in blue ink that reads "Matt". The signature is stylized with a large 'M' and a cursive 'att'.

Rt Hon Matt Hancock MP

Secretary of State for Health and Social Care

1. Introduction

- 1.1 On 7 January 2019 the NHS, led by NHS England and NHS Improvement, published a new [Long Term Plan](#) that builds on substantial engagement with frontline staff, national experts and Government, as well as insights into the views and experience of care gathered from 85,000 patients by the Healthwatch network. The Plan sets out an ambitious programme of transformation over the next ten years to build an NHS that is both fit and sustainable for the future.
- 1.2 In 2019-20, as well as taking steps to deliver on the early Long Term Plan commitments, the NHS will put robust plans in place for 2020-21 to 2023-24 that will support delivery of its longer term ambitions. These plans will ensure effective use of the year on year increases in NHS funding that the Government is providing, which will see the NHS annual budget increase by £33.9 billion in cash terms by 2023-24.
- 1.3 Every NHS organisation and its wider partners will have an opportunity to shape implementation of the Long Term Plan, working with the Healthwatch network and local government to engage communities in developing local plans to reflect their needs. These plans will be brought together in a full national implementation programme to be published by the end of 2019, along with a final workforce implementation plan to underpin it. The national implementation programme and workforce implementation plan will also take account of decisions made in the forthcoming 2019 Government Spending Review on future funding for workforce, education and training and NHS capital investment, along with social care and public health services provided by local government.
- 1.4 Under their joint senior leadership team, NHS England and NHS Improvement will drive forward implementation of the Long Term Plan and ensure that each stage of delivery is informed by the needs and wishes of patients and the public. The Government is committed to supporting them in doing so, and will also hold them to account for delivery.
- 1.5 This Accountability Framework explains how we are setting direction for NHS England and NHS Improvement to underpin initial implementation of the Long Term Plan. In particular, it sets out shared delivery objectives for both NHS England and NHS Improvement for 2019-20, as the NHS transitions into full plan delivery. It also confirms their budgets.
- 1.6 In setting their objectives and budgets for 2019-20, the document forms the statutory annual mandate to NHS England required by section 13A of the NHS Act 2006, and includes the remit that Government sets for NHS Improvement.

2. Funding

- 2.1 In accordance with Section 13A of the NHS Act 2006, NHS England's revenue and capital limits for 2019-20 are set out below.
- 2.2 This section also shows NHS England's revenue funding for each year up to (and including) 2023-24. These figures include the Government's funding settlement for the Long Term Plan. Due to transfers of function and funding agreed following that settlement, the total increase shown in the first table below is higher than the £33.9 billion underlying funding increase.
- 2.3 Capital budgets and NHS Improvement's revenue budget are set out (based on the 2015 Spending Review profile). Capital to revenue switches will only be considered at the request of the NHS.
- 2.4 Further detail about NHS England's figures is provided in the financial directions to NHS England, which are made under the NHS Act 2006 and published alongside this document. The financial directions set out technical limits, including for spending on administration.

NHS England

NHS England revenue budget	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Total budget (£bn) in cash terms and excluding depreciation ^{1 2}	114.4 ³	123.4	129.7	136.1	142.8	151.3

NHS England capital budget	2018-19	2019-20
Total budget (£m) in cash terms	254	260

NHS Improvement

NHS Improvement core revenue budget	2018-19	2019-20
Total budget (£m) in cash terms and excluding depreciation ⁴	186	232

NHS Improvement core capital budget	2018-19	2019-20
Total budget (£m) in cash terms	8	6

- 2.5 NHS England is responsible for allocating the budgets for commissioning NHS services, and NHS Improvement is responsible for trust financial control. Working together, NHS England and NHS Improvement will ensure overall financial balance in the NHS – in line with the expectations set out under Objective 1 in this document. The Government expects the principle of ensuring equal access for equal need to be at the heart of the approach to allocating budgets. The process must be transparent, and must ensure that changes in allocations do not result in the destabilising of local health economies.
- 2.6 To support the objective of achieving financial balance, £1.25 billion of NHS England's budget for 2019-20 will be allocated through the Provider Sustainability Fund to support providers.

3. Setting Government expectations for Long Term Plan Delivery

The Plan

- 3.1 The NHS Long Term Plan set out an ambitious agenda to ensure that the NHS is fit for the future, improving access to, outcomes from, and experience of health services for everyone who needs them. It is the basis of our long term approach to the NHS, and therefore the Accountability Framework.

Our approach

- 3.2 The Government's approach to setting direction for NHS England and NHS Improvement in 2019-20 reflects that this is a transitional year as the NHS begins to shift from current models of service delivery into new models that will enable it to deliver the ambitions set out in the Long Term Plan within the funding settlement agreed by the Government. The NHS will publish an implementation framework for the Long Term Plan in spring 2019 and an interim workforce implementation plan. This will enable local systems to translate its commitments into deliverable strategic plans, and will be followed by a final implementation programme by the end of 2019. These will build on the system-level strategic plans and incorporate the outcome of the Government's Spending Review, and the Government will monitor, and hold the NHS to account for, their delivery. At the same time, the NHS will need to ensure that it continues to deliver safe and high quality NHS services that meet the needs of patients today.
- 3.3 This 2019-20 Accountability Framework brings together the annual mandate to NHS England and remit for NHS Improvement. In recent years, these documents have been increasingly aligned to reflect the closer working of both organisations. A single Accountability Framework continues that journey, and Government is developing accountability arrangements to match this new way of working.
- 3.4 We have set just two high level objectives for both NHS England and NHS Improvement in 2019-20, which are explained in section 4 of the document. NHS England, NHS Improvement, and Healthwatch England have been consulted on them. The first objective focuses on early implementation of the Long Term Plan. The second on the need to ensure that the implications and risks associated with EU Exit for health and care are effectively managed.

- 3.5 From 2020-21 to 2023-24, we will introduce a multi-year approach to setting objectives for NHS England and NHS Improvement, informed by the NHS's own national implementation programme and workforce implementation plan to 2023-24, along with the views of wider stakeholders, Government and local government partners. We will work with NHS England, NHS Improvement, and Healthwatch England to ensure that these objectives are informed by the views of patients and the public on Long Term Plan implementation to 2023-24.
- 3.6 In order to support more effective oversight of delivery of the overall Long Term Plan, the Government will determine a set of metrics, in discussion with NHS England and NHS Improvement, that reflect the fundamentals underpinning the Plan. The metrics should also capture a headline measure of patient experience as a key indicator of successful delivery of the Plan. They will be confirmed by Spring 2019 and used to monitor progress against intended outcomes on a regular basis. It is anticipated that these will be reviewed, and a revised set incorporated into the Accountability Framework that we set for 2020-21 to 2023-24, drawing on the measures which the NHS itself uses for system oversight.

Financial tests

- 3.7 The Government has set five financial tests for the Long Term Plan:
- 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.
- 3.8 Action that NHS England and NHS Improvement have already committed to take in 2019-20 to meet the tests is set out at Annex A.

About NHS England and NHS Improvement

- 3.9 NHS England (the operational name for the NHS Commissioning Board) leads the commissioning of NHS services in England. It is responsible for allocating funding to clinical commissioning groups that use it to commission local health services, and holds them to account for spending it effectively.
- 3.10 NHS Improvement is the operational name given to the organisation that brings together Monitor and the NHS Trust Development Authority. It is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers of NHS-funded care, holding them to account for delivering safe, high quality, and sustainable care.
- 3.11 Working together, under a joint leadership team, these two organisations are at the head of the NHS in England. They set and drive delivery of NHS priorities that respond to the Government's strategic goals for health and care and take account of the views of wider NHS and local government partners, frontline staff, and patients and the public.

Context for setting direction for NHS England and NHS Improvement

- 3.12 Under the NHS Act 2006 (as amended by the Health and Social Care Act 2012), the Secretary of State must publish and lay in Parliament annually a mandate to NHS England that sets its objectives and its budget. It reflects the priorities that the Secretary of State has set for NHS England, and through it the wider NHS, in the year ahead. The Secretary of State is required to consult Healthwatch England as well as NHS England before setting objectives for NHS England.
- 3.13 Until now, the Government has set a separate annual remit for NHS Improvement that sets out its objectives. This year, in recognition of the work already done by NHS England and NHS Improvement to integrate their leadership and functions, we are bringing the two documents together to form a single Accountability Framework.
- 3.14 Annually consulting Healthwatch England on objectives set for NHS England (and through it, the Healthwatch network) ensures that they take account of the views of patients and the public. The Government has additionally consulted publicly when these objectives have changed substantially. Patient and public views have already been taken into account in the development of the Long Term Plan and the first objective in this document reflects the consensus reached through extensive engagement led by the NHS to inform the Long Term Plan in terms of

what the NHS needs to do to deliver the services that patients want and need for the future.

4. The objectives for 2019-20

- 4.1 The two objectives set out in this section apply to both NHS England and NHS Improvement though each will have a distinct role to play in meeting them.
- 4.2 In seeking to meet the objectives, NHS England and NHS Improvement will need to comply with their delegated responsibilities as set out in Managing Public Money and in their Framework Agreements with the Department of Health and Social Care (DHSC). Their statutory obligations, set out in the NHS Act 2006 and in other legislation, also apply.

Objective 1: Ensure the effective delivery of the Long Term Plan

- 4.3 In this first year, this means ensuring that commissioners and providers meet commitments set out in the 2019-20 NHS Operational Planning and Contracting Guidance, and laying the foundations for successful delivery of the Long Term Plan in subsequent years through effective implementation planning and assurance of local system-level plans. It also includes achieving overall financial balance in 2019-20 for the NHS, and (for NHS England) supporting the financial stability of social care through contributing effectively to the Better Care Fund. Each of these elements is described below.

1a) Laying the foundations for successful implementation of the Long Term Plan

- 4.4 The Long Term Plan sets a vision for continuing reform of the health service over the next 5-10 years, and a strategic direction for the NHS as a whole. The NHS England and NHS Improvement Executive Boards are responsible for delivering the Long Term Plan within the agreed final cash settlement ratified by the NHS England Board meeting in January 2019 as the basis of the NHS's fully costed plan. New and unforeseen risks and pressures within that settlement, such as new service commitments, changes to population forecasts or activity growth projections, will be managed within the NHS five year settlement through effective risk management and contingency planning, and if necessary by adjusting its plans. The Government has committed to ensure that adult social care places no additional pressure on the NHS. Local government funding for adult social care will be agreed through the 2019 Spending Review. The NHS will also ensure no new pressures arise in other non-DHSC government budgets as a result of delivering the Long Term Plan. NHS England and NHS Improvement must lead a

robust process of system and local-level implementation planning - including ensuring plans are clinically led and locally supported - and provide clarity on expectations for delivering the Long Term Plan and meeting the Government's financial tests.

- 4.5 NHS England and NHS Improvement have committed to the publication of an implementation framework in Spring 2019, alongside an interim workforce implementation plan. The NHS will therefore need to develop detailed, costed annual milestones and trajectories for key commitments and reforms to deliver the Long Term Plan, both at a national and local level. The NHS and Government will work together to agree further details of the approach to implementation, delivery and assurance, including for which commitments delivery trajectories will be defined locally rather than nationally. The NHS England and NHS Improvement Boards must fully assure themselves that the national implementation programme is affordable, realistic and deliverable as well as within the agreed financial settlement.
- 4.6 The implementation framework and interim workforce plan will be further refined and, together with local system plans, will be brought together into a final national implementation programme by the end of 2019.
- 4.7 The Government will hold the NHS to account for delivering the commitments set out in the Long Term Plan, and will closely monitor delivery to track whether progress is on or off-track. This will enable effective oversight of the Plan, and ultimately ensure that the NHS is delivering the best care while using public money wisely. This includes the commitments to increase investment in primary medical and community health services as a share of total national NHS revenue, redesign outpatient services to reduce the number of face-to-face appointments by up to a third, increase investment in mental health services as a share of total NHS revenue, and delivery against the Government's five financial tests.

1b) Achieving financial balance

- 4.8 Putting the NHS back onto a sustainable financial path is a key priority in the Long Term Plan and is essential to allowing the NHS to deliver the service improvements in this Plan. The Government has announced that the NHS will receive a budget increase equivalent to an extra £33.9 billion in cash terms by 2023-24 (compared to 2018-19). This funding and the NHS budget is entrusted to NHS England. This ensures all new commitments within the Long Term Plan are funded within the NHS five year cash settlement. The NHS has costed the Long Term Plan and must deliver its commitments within the agreed financial settlement. The current financial pressures across the NHS are the first call on funds. Accordingly, we expect NHS England and NHS Improvement to work

together to ensure overall financial balance in 2019-20, productivity of at least 1.1%, and to lay the groundwork to put the service onto a more sustainable footing in future years. They have already taken steps to provide some of the structure architecture to enable more effective financial co-operation, including for instance, the appointment of a joint Chief Financial Officer.

- 4.9 We also expect NHS England to continue its commitment to the Better Care Fund in 2019-20 by implementing the policy framework with a minimum CCG allocation of £3.84 billion, ensuring that spending on adult social care via the Fund grows in line with overall NHS revenue funding growth, and consulting the Government before approving Better Care Fund Plans or exercising any powers in relation to failure to meet specific Fund conditions.

1c) Maintaining and improving performance, and improving the quality and safety of services

- 4.10 Improving prevention, and ensuring that technology is harnessed effectively, are both vital to delivering safe and high quality health services and meeting clinical standards. It will also provide headroom for the NHS to shift its focus away from treating people in hospital, towards delivering properly integrated primary and community services outside of hospital.
- 4.11 With the agreement of Government, NHS England and NHS Improvement will field test potential future changes to access standards⁵ following publication of the interim report of the Clinical Review of Standards and implement any new standards. In 2019-20, NHS England and NHS Improvement will continue the ongoing service improvement work so that performance is maintained and improved for cancer treatment and A&E, to the point at which any new standards, proposed by the Clinical Review and accepted by Government, are implemented. During 2019-20, the major redesign of outpatients should commence, as described in the Long Term Plan, and during this major change NHS England and NHS Improvement should ensure that there is an increase in the volume of elective activity and that the size of the elective waiting list is reduced. We also expect 52+ week waits to be eliminated. These actions will set the foundations for further improvements in 2020-21 as part of the commitment in the Long Term Plan to improve urgent and emergency care performance and reduce provider waiting lists over the next five years.

1d) Establishing a joint NHS England and NHS Improvement operating model to deliver integrated system leadership of the NHS

- 4.12 2019-20 will be a year of significant transition, with NHS England and NHS Improvement developing a shared operating model nationally and regionally. All transitions require risk management, and this will be no exception. To deliver the ambitions in the Long Term Plan in a way that fully reflects the views and needs of patients and the public, and takes account of their feedback on implementation of the Long Term Plan, we will expect NHS England and NHS Improvement to work together to ensure a number of core functions and key issues are well managed. This should include closer working with Health Education England, nationally and regionally, to oversee and deliver workforce planning in support of the Long Term Plan.

Objective 2: Support Government in managing the effects of EU Exit on health and care

- 4.13 DHSC leads the response to EU Exit across the health and care system. NHS England and NHS Improvement will continue to work together with DHSC, Government, and wider system partners to mitigate and manage any adverse impacts of EU Exit, as well as identifying and making a success of opportunities that may emerge.

ANNEX A - NHS Long Term Plan and NHS Planning Guidance commitments for 2019-20

New Service Models

Out of hospital care

1. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management.
2. In 2019 we will also undertake a fundamental review of GP vaccinations and immunisation standards, funding, and procurement.

Reducing pressure on emergency services

3. From 2019-20, embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours.
4. Over the next two years, in conjunction with local government, achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays.
5. The Same Day Emergency Care (SDEC) model should be embedded in every hospital, in both medical and surgical specialties during 2019-20.
6. In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.
7. All hospitals with major A&E departments will provide SDEC services at least 12 hours a day, 7 days a week by the end of 2019-20.
8. All hospitals with major A&E departments will aim to record 100% of patient activity in A&E, Urgent Treatment Centres and SDEC via ECDS by March 2020.
9. Subject to agreement with the Government all hospitals with major A&E departments will test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review from October 2019, ahead of full implementation in April 2020.

Personalised care

Digitally enable primary and outpatient care

Population health/integrated care systems

10. During 2019, we will deploy population health management solutions to support Integrated Care Systems to understand the areas of greatest health need and match NHS services to meet them.

11. A new Integrated Care Provider (ICP) contract will be made available for use from 2019, following public and provider consultation.

Prevention and Health Inequalities

12. The next version of hospital food standards will be published in 2019, strengthening these requirements and pushing further in securing healthy food for our staff and patients.

13. NHS England will introduce from April 2019 more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need in areas such as Blackpool. Furthermore, no area will be more than 5% below its new target funding share effective from April 2019.

14. Local health systems to set out in 2019 how they will reduce health inequalities by 2023-24 and 2028-29.

Care Quality and Outcomes

Children and Young People

15. From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases including oral, throat, anal cancer.

16. Roll out the Saving Babies Lives Care Bundle (SBLCB) across every maternity unit in England in 2019.

17. Publish SBLCB expansion in 2019, with a focus on prevention of pre-term births.

18. By Spring 2019, every trust with maternity service to take part in National Maternity and Neonatal Safety Collaborative.

19. All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019-20.

20. From 2019-20, clinical networks will be rolled out to ensure we improve the quality of care for children with long term conditions such as asthma, epilepsy and diabetes.

21. Continue to develop and launch continuity of carer teams – with the aim that in 2019, 20% of pregnant women will be offered the opportunity to have the same midwife caring for them throughout their pregnancy, during birth and postnatally.

22. Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by the end of 2019-20.

Major Health conditions

23. From April 2019, ensure that, in line with clinical guidelines, patients with Type 1 diabetes benefit from life-changing flash glucose monitors.

24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.

25. From 2019, begin to introduce an innovative quality of life metric to track and respond to the long-term impact of cancer.

26. In 2019, stratified follow-up approach established in all trusts for breast cancer.

27. Build on work already undertaken to ensure patients have direct access to MSK First Contact Practitioners.

28. From 2019, build on Right Care programme to reduce variation in quality of spirometry testing across the country.

29. From 2019, start rollout of new Rapid Diagnostic Centres across country.

30. From 2019, we will deploy more mobile lung CT scanners – taking the support to people in supermarket car parks – starting in parts of the country with the lowest lung cancer survival rates.

31. Data collection for all patients will start in 2019 for the new faster diagnosis standard, with full monitoring against the standard beginning in April 2020, and performance ramping up as additional diagnostic capacity comes online.

Workforce

32. We will invest up to £2 million a year from 2019/20 in programmes to reduce violence, bullying and harassment for our staff.

33. Do more to nurture next generation of leaders - a systematic regional and local approach for identifying, assessing, developing, deploying and supporting talent, to be place from early 2019.

34. Nursing applicants - clinical placements for an extra 5,000 places will be funded from 2019/20 for use by Higher Education Institutions from 19/20.

35. Continue to invest in growth of nursing apprenticeships starting in 2019, with 7,500 new nursing associates starting in 2019, a 50% increase on 2018.

36. Invest over half of the £200 million apprenticeship levy back into the NHS in 2019-20.

37. In 2019 we will work with Royal Colleges to pilot a new credentialing programme for hospital consultants to offer mechanical thrombectomy.

38. Publish a workforce implementation plan later in 2019.

Digital

39. In 2019/20, 100,000 women will be able to access their maternity record digitally.

40. Develop and expand the successful Diabetes Prevention Programme to offer digital access from 2019.

41. During 2019, we will begin work to roll out technology standards, as described in The Future of Healthcare, to ensure data is interoperable and accessible.

Financial Tests

42. During 2019-20, ensure that each NHS organisation delivers its agreed financial position and that the NHS budget overall is balanced.

43. Reducing year-on-year the number of trusts and CCGs individually in deficit, so that all NHS organisations are in balance by 2023/24, with an expectation that the number of Trusts reporting a deficit in 19/20 will be reduced by more than half.

44. Start to phase in an updated Market Forces Factor over the next five years, applying it to payment arrangements and allocations for 2019-20.

45. The Getting It Right First Time programme has already started work in mental health and will be extended across to community health services and primary care from April 2019.

46. Improving patient safety will reduce patient harm and the substantial costs associated with it through a new ten-year national strategy, to be published in 2019.

Next steps

47. Existing commitments in the Five Year Forward View and national strategies for cancer, mental health, learning disability, general practice and maternity will all continue to be implemented in 2019-20 and 2020-21 as originally planned.

48. Establish an NHS Assembly in early 2019.

Appendix

49. In spring 2019, set out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment.

50. In 2019-20 work with the Government to develop a Healthy New Towns standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing

¹ These figures have been revised to include net transfers post settlement, including funding for increased employer contributions to pensions, changes to branded medicines pricing and NHS Digital funding, and additional funding for the Covid-19 response.

² Additional receipts from the Voluntary and Statutory schemes for branded medicines are included in 2019-20 figures only. Future years are to be confirmed.

³ 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.

⁴ NHS Improvement revenue includes funding for the Healthcare Safety Investigation Branch maternity function equivalent to £10m in 2018-19 and £16m in 2019-20.

⁵ Access standards refers to the right to access certain services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The waiting times are described in the [Handbook to the NHS Constitution](#).

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