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Our 2022/23 business plan

July 2022

Contents

Foreword from our Chair.....	2
Introduction from our Chief Executive.....	3
1. Support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture.....	5
2. Continue to lead the NHS in responding to COVID-19 ever more effectively	6
3. Deliver more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards	7
Elective care	7
Cancer	8
4. Improve the responsiveness of urgent and emergency care and increase its capacity	9
5. Improve access to primary care.....	10
6. Improve mental health services and services for people with a learning disability and/or autistic people	11
Mental health	11
Learning disability and autism.....	12
7. Deliver improvements in maternity care.....	13
8. Prevent ill health and tackle health inequalities	14
Supporting Children and Young People.....	14
Tackling health inequalities.....	14
Screening, vaccinations and non COVID-19 immunisations.....	15
Prevention programmes.....	16
9. Drive the integration of care and enable change	17
Transforming care through harnessing information and technology	17
Supporting the NHS's Net Zero ambition	17
Establish integrated care boards and support collaborative system working ...	18
The integration of NHS England and NHS Improvement	19
10. Improve productivity and reduce variation across the health system.....	19
Our funding.....	21

Foreword from our Chair

NHS England is an independent organisation established by Parliament and charged with the stewardship of the NHS. We operate under a democratic mandate from government, and our mission, with our partners, is to improve health and secure high quality healthcare for the people of England, now and for future generations

Since 2019, NHS England and NHS Improvement have worked as a single organisation to better support the NHS to deliver improved care for patients. On 1 July 2022 we formally merged into a single body, NHS England, responsible for providing unified, national leadership for the NHS.

We have started a programme to bring together, from April 2023, NHS England, Health Education England and NHS Digital into a new single organisation with a shared purpose 'To lead the NHS in England to deliver high-quality services for all'. The new NHS England will be an organisation that can speak with a single national voice, enabling and supporting change with the flexibility to respond quickly to changing demand, priorities and opportunities.

Our mandate from government sets out three key missions over the course of 2022/23: the continued COVID-19 response, recovery of the health system, and driving forward the transformation of services that will improve health and care outcomes. It is an ambitious programme and the NHS England Board will oversee its implementation to ensure we make real progress for the patients and populations we serve.

Together with my colleagues on the NHS England Board, I wish to place on record our deep appreciation for the extraordinary efforts of NHS staff across England in ensuring that the millions of people every day who use health services receive excellent care.



Richard Meddings
NHS England Chair

Introduction from our Chief Executive

The last two years have been the most challenging in the history of the NHS, and staff across the service – and many thousands of volunteers – have worked tirelessly to:

- expand and flex services to meet the changing demands of the pandemic
- develop and roll out new treatments, new services and new pathways to respond to the needs of patients with COVID-19 and those with other conditions
- recover services that the pandemic has disrupted.

In 2022/23 the NHS will continue to restore services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic. The NHS also needs to manage the material additional costs caused by inflationary pressures. This includes meeting the cost of the pay increase for 2022/23 above the level included in mandate funding. These additional costs mean NHS England has had to scale back national programme budgets and to release reserves.

COVID-19 is still with us in 2022/23 and still needs to be managed. The vaccination programme continues, and we need to meet the needs of people who require hospital care for COVID-19 and those with longer term symptoms following COVID-19 infection. We must also remain prepared for further peaks as the pandemic runs its course. This includes plans to manage and increase capacity to respond to demand that may be fuelled by further waves of COVID-19 and/or severe outbreaks of respiratory and other illness over the winter months.

This business plan sets out NHS England's work in leading and supporting the NHS to respond to these challenges as well as the opportunities to transform the delivery of care and health outcomes through collaborative system working, and the use data and digital technologies.

This plan doesn't describe everything we will do, but highlights our key commitments for 2022/23 under ten headings that reflect the main themes of our mandate from government:

1. Support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture.
2. Continue to lead the NHS in responding to COVID-19 ever more effectively.

3. Deliver more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
4. Improve the responsiveness of urgent and emergency care and increase its capacity.
5. Improve access to primary care.
6. Improve mental health services and services for people with a learning disability and/or autistic people.
7. Deliver improvements in maternity care.
8. Prevent ill health and tackle health inequalities.
9. Drive the integration of care and enable change.
10. Improve productivity and reduce variation across the health system



Amanda Pritchard
NHS Chief Executive

1. Support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture

The workforce is at the heart of the NHS. NHS staff showed enormous dedication and resilience during the pandemic, and it is vital that we continue to support their wellbeing so they can recover and continue to provide the high quality of service patients require.

A key part of our strategy to increase the workforce is the ethical recruitment of nurses trained outside the UK, who bring their valuable skills to the NHS and enhance the wider nursing workforce with their experience and expertise. International recruitment is vital for the ongoing management of COVID-19, the transition from response to recovery of services, and other service pressures.

During 2022/23 we will also work with the Department of Health and Social Care (DHSC) and Health Education England (HEE) to develop a workforce strategy that builds on the 15-year strategic framework developed by HEE and the NHS People Promise and People Plan.

Our commitments for 2022/23

Attract and retain more people

- Support NHS trusts to recruit nurses, midwives and allied health professionals (AHPs), including by increasing international recruitment.
- Support the creation of bespoke multidisciplinary teams through the Additional Roles Reimbursement Scheme.
- Simplify and make recruitment processes quicker, ensuring they are fair and inclusive.
- Work with the DHSC to deliver pension reforms, reducing the number of staff retiring early.

Working differently

- Support the adoption of interoperable e-rostering, the Digital Staff Passport and the NHS Staff App.
- Respond to the leadership recommendations in the Messenger review.

Compassionate and inclusive culture

- Support the development of whole system plans that include approaches to protecting and promoting the health, wellbeing and safety of staff, embedding a compassionate and inclusive culture.
- Revise the fit and proper persons requirements and work with the Care Quality Commission (CQC) to update the 'Well-led' framework.
- Deliver an inclusive board support offer to NHS organisations to promote board-level diversity.

2. Continue to lead the NHS in responding to COVID-19 ever more effectively

Our focus in 2022/23 will be 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. At the same time, the NHS will need to remain prepared in case of future waves of the pandemic.

Our commitments for 2022/23

- Develop a steady-state approach to COVID-19 vaccination that interfaces with other routine immunisations and supports the highest possible uptake across communities and the continued reduction in uptake disparities.
- Maintain the National Incident Co-ordination Centre to effectively manage the response to COVID-19 and ensure preparedness to respond to any future outbreaks and new variants.
- Prepare for the forthcoming public inquiry into the pandemic, updating the DHSC that we are prepared and engaging fully with the inquiry once it is launched.

3. Deliver more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

Elective care

As a direct consequence of the pandemic many patients are waiting longer for the treatments they need. We are committed to delivering more planned hospital activity and improving performance for the longest waiting patients across elective care and cancer in line with the [Delivery plan for tackling the COVID-19 backlog of elective care](#). Unless patients choose to do so, we aim to ensure that by April 2023 no one waits longer than 18 months, and that waiting times reduce further in subsequent years.

Our commitments for 2022/23

Increasing capacity and transforming the way we provide elective care

- Support further separation of elective and emergency activity, including through increasing the number of surgical hubs, and delivery of investment through the Targeted Investment Fund to have a material impact on activity.
- Continue to accelerate diagnostic pathways through the roll out of community diagnostic centres.
- Work with NHS providers to increase activity and efficiency through good waiting list management, the Getting It Right First Time, High Volume Low Complexity Outpatient Transformation Programme.
- Work with independent sector (IS) providers to maximise the use of their available capacity and services through improving referral pathways to IS providers and ensuring that patients can make an informed choice about where they receive NHS-funded at point of referral.

Improving performance for the longest waiting patients

- Establish a mutual aid hub approach at system level to facilitate the transfer of long-waiting patients across system and regional boundaries.

Improving information and support for patients

- Develop guidance for local health systems in providing personalised and targeted help for patients and their carers in managing their symptoms and preventing deterioration while they wait, and recovering effectively.
- Continue to develop patient-facing information on waiting times and how those on waiting lists can help manage their condition through the My Planned Care platform.

Understanding and addressing inequalities

- Develop the Health Inequalities Improvement Dashboard to support local systems to pinpoint disparities in waiting times based on ethnicity and deprivation, enabling the NHS to take concerted action on these.

Cancer

While cancer diagnosis and treatment were prioritised throughout the pandemic, the number of people presenting to their GP with cancer symptoms initially declined. Our national awareness campaigns have successfully encouraged more people to come forward, and over the last 12 months we have seen a record number of urgent GPs referrals. We have asked local systems to return the number of people waiting longer than 62 days to start cancer treatment (from the date they were urgently referred) back to pre-pandemic levels by March 2023.

Our commitments for 2022/23

Faster diagnosis

- Support the NHS to find, diagnose and treat the people who did not start treatment during the pandemic, thereby reducing the number of people waiting longer than 62 days to start treatment following urgent referral and improving performance against waiting times standards.
- Ensure sufficient diagnostic capacity to deliver the Faster Diagnosis Standard.
- Continue the rollout of non-specific symptoms pathways.

Earlier diagnosis

- Develop and run campaigns to help overcome fear or anxiety barriers to presentation, promoting screening uptake and increasing symptom awareness.

- Support the rollout of targeted lung health checks (TLHC) sites and increasing capacity through investment in computerised tomography scanner capacity.

4. Improve the responsiveness of urgent and emergency care and increase its capacity

The last year has been challenging for urgent and emergency care (UEC) services as demand has returned to pre-pandemic levels. Building on the work of the [UEC Recovery 10 Point Action Plan](#) we will continue to support the improvement of UEC services across England to recover from the impact of the COVID-19 pandemic. This work will focus on bridging identified capacity deficits within UEC services, developing home care services and alternative urgent care pathways, supporting workforce recruitment and tackling delayed discharge from hospitals to improve flow across the wider UEC pathway.

Our commitments for 2022/23

Ensuring sufficient capacity to meet expected demand

- Increase the call taking capacity of 999 and NHS 111 services.
- Ensure all Emergency Departments have appropriate services in place to stream lower acuity patients into such as Urgent Treatment Centres.
- Scale up the use of virtual wards to care for patients who would otherwise require a hospital admission.
- Review wider NHS capacity requirements against expected demand and seek to increase capacity where there are identified capacity deficits.

Recover ambulance service responsiveness

- Reduce avoidable conveyance to hospital through reducing unwarranted variation in hear and treat and see and treat.
- Enable senior clinical advice to be remotely available to Emergency Centre Operations as well as paramedics and technicians at scene.

- Reduce handover delays at hospital through supporting the provision of ambulance service liaison officers and sharing best handover practice to ensure ambulances are free to respond to new patients in the community.

Maximise the use of alternative urgent care pathways

- Expand the use of Urgent Community Services.
- Scale up the provision of Virtual Wards to keep appropriate patients out of hospital.
- Maximise the utilisation of Same Day Emergency Care Services.
- Improve the utilisation of the NHS Directory of Services to ensure citizens calling NHS 111 or 999 can directly access the full range of UEC services that are available locally.

Improve flow and reduce delayed hospital discharge

- Implement the best practice interventions identified by the Health and Social Care Discharge Taskforce to reduce delays to hospital discharge.
- Launch the Integration Front Runner programme to test new initiatives to reduce discharge delays.
- Support systems to deliver an appropriate range of services seven days a week.

5. Improve access to primary care

The Fuller Stocktake sets out the need for a differentiated and personalised patient offer and recommended the creation of integrated neighbourhood teams and more at-scale working to improve same day access for urgent care and personalised care for those who need it most. We will develop an implementation plan in collaboration with local systems, while moving to achieve quick wins in 2022/23.

Our commitments for 2022/23

- Improve access to general practice by increasing the number of appointments, enabled by the Additional Roles Reimbursement Scheme (ARRS), and supporting primary care networks to deliver the enhanced access service.

- Support retention of the primary care workforce and the recruitment to and embedding of multidisciplinary team roles through continuing to deliver a suite of GP recruitment and retention initiatives and increasing the capacity of direct patient care roles in primary care via the ARRS.
- Support the delivery of personalised care by publishing the personalised care specification as part of the primary care Direct Enhanced Services contract, developing clear guidance for the operation of personalised care and embedding personalised care training through the Personalised Care Institute.
- Leverage the benefits of community pharmacy through supporting the implementation of (1) the GP referral pathway for the community pharmacist consultation service, (2) the smoking cessation service at discharge from hospital and (3) the implementation of the community discharge medication service.
- Support improved access to community dentistry and the continued restoration of primary dental services.
- Support community services transformation through developing new models of care, such as Hospital at Home and urgent community response teams, implementing a new intermediate care framework and supporting implementation of electronic patient records.

6. Improve mental health services and services for people with a learning disability and/or autistic people

Mental health

The NHS is halfway through its ambitious transformation programme for mental health and great progress has already been achieved. However, the COVID-19 pandemic has had significant consequences for mental health. COVID recovery in mental health is not limited to clearing the 'backlog'; it also requires finding ways to manage increased prevalence, acuity and complexity. These pressures have widened the treatment gap for people with a mental health condition and addressing them will require sustained effort to further transform and expand mental health services.

Our commitments for 2022/23

Expanding access and recovering performance standards

- Support the continued rollout of crisis services.
- Further increase access for children and young people aged 0 to 25 years (CYP) through mental health support teams and community mental health services.
- Expand access to Improving Access to Psychological Therapies (IAPT) and continue the expansion of the workforce.
- Work across all systems to support demand and capacity management in light of increased prevalence, including supporting the recovery of waiting times standards in CYP community eating disorder services.

Supporting new models of care

- Support the delivery of new models of community mental health services integrated with primary care and increasing the number of adults and older adults with severe mental illness (SMI) who receive care.
- Oversee the expansion of liaison services and development of joint investment plans between mental health and ambulance commissioners.
- Support systems to develop multi-year mental health workforce plans that will enable the transformation and expansion of mental health services to deliver the full scope of the Mental Health Long Term Plan.

Learning disability and autism

The COVID-19 pandemic has had a significant impact on the physical and mental health of people with a learning disability and autistic people, children and young people with special educational needs and disabilities (SEND).

This means there is much more to do to improve the physical and mental health of people with a learning disability and autistic people, including by ensure they have access to reasonably adjusted care across the NHS.

Our commitments for 2022/23

- Support further development of community alternatives to help reduce the number of people with a learning disability and autistic people in mental health inpatient care.

- Support the delivery of keyworkers for children and young people at risk of admission to a mental health hospital or who are in hospital to ensure a key worker service in all integrated care systems (ICSs).
- Support the improved uptake of learning disability annual health checks (for eligible people aged 14 and over), supporting innovations in autism diagnostic pathways to improve quality and access, and delivery of the LeDeR programme.
- Ensure that reasonable adjustments are provided to support accessibility for autistic people and people with a learning disability, including the ongoing development of the reasonable adjustments digital flag and pre and post-diagnostic support.

7. Deliver improvements in maternity care

We will continue to implement changes to make maternity care safer and more personalised, supporting the ambition to reduce the number of stillbirths, neonatal and maternal deaths and brain injuries. We will continue to support the development of the maternity workforce.

Our commitments for 2022/23

- Develop a single delivery plan for maternity and neonatal services in line with the recommendations of the Ockenden and East Kent independent reviews of maternity services.
- Support local maternity systems to embed personalised care and support plans for everyone accessing maternity services.
- Support maternity services to establish midwifery continuity of carer as the default model of midwifery care alongside rigorous workforce planning and the maintenance of safe staffing levels.
- Deliver a perinatal culture and leadership programme to improve safety, personalisation, and quality and experience of care across perinatal services.
- Deliver the Maternity and Neonatal Safety Improvement Programme in partnership with stakeholders, including patient safety collaboratives.

- Publish Saving Babies Lives care bundle 3 that will incorporate conclusions from new research on how to reduce brain injuries.

8. Prevent ill health and tackle health inequalities

Prevention is a crucial part of the NHS's approach to improving overall population health and reducing health inequalities: helping people to make healthier lifestyle choices and treating illness at an early stage, so they can live longer, healthier lives.

Supporting Children and Young People

The pandemic had a huge impact on the lives of children and young people, risking the longer-term health of the nation and exacerbating inequalities. We will continue to support improvements in the quality of care for children and young people and better integrate services, both within the NHS and with partners across public health, children's social care and education.

Our commitments for 2022/23

- Support local systems to integrate services for children and young people
- Improve care for long term conditions such as asthma, epilepsy and diabetes, including delivery of the national asthma care bundle
- Continue the roll-out of 'Complications from Excess Weight Clinics' for severely obese children
- Develop person-centred and age-appropriate care for mental and physical health needs rather than a transition to adult services based on age
- Harness the voice of young people through the NHS Youth Forum and ensure we improve the patient experience for young people

Tackling health inequalities

We continue to support the NHS to realise the ambition of reducing healthcare inequalities through equitable access, excellent experience and optimal outcomes for all. The COVID-19 pandemic has highlighted and exacerbated existing health inequalities, with its disproportionate impact on people and communities already at

highest risk. Central to restoring services inclusively is NHS action at scale and pace to protect those at greatest risk by tackling health inequalities.

Our commitments for 2022/23

- Support the reduction in health inequalities through the Core20PLUS5 approach, including through national programmes like the Core20PLUS connectors, collaborative and ambassadors.
- Develop and publish the National Healthcare Inequalities Improvement Strategy and associated delivery plans.
- Develop and implement the ICS Health Inequalities System Accountability Framework.
- Develop and publish a menu of evidence-based interventions for reducing healthcare inequalities.

Screening, vaccinations and non COVID-19 immunisations

Under Section 7a of the Health and Social Care Act 2012, we are responsible for the commissioning of national screening and immunisation programmes, including those for bowel and breast cancer, cervical screening, childhood immunisations and the influenza vaccination. Their uptake decreased during the COVID-19 pandemic, and we are now working to restore these services, as well as expanding eligibility, improving the detection of cancers and implementing plans to address health inequalities in uptake.

Our commitments for 2022/23

Screening

- Implement targeted recovery support packages for challenged providers of breast, abdominal aortic aneurysm and diabetic eye screening.
- Implement and roll out targeted initiatives to support an increase in the number of women taking up their screening offer.
- Develop and deliver a strategy for the NHS Bowel Cancer Screening Programme which includes an age extension and people with Lynch syndrome, and supports wider uptake improvements to address inequalities.
- Develop and deliver the Cervical Screening Programme strategy to better understand and support improvements to address health inequalities.

Vaccinations

- Implement the national measles, mumps and rubella (MMR) vaccine call and recall for children aged 1 to 6 years.
- Support catch up programmes that use alternative delivery methods for MMR and school-aged immunisations.
- Improve access to better target unvaccinated individuals and tackle health inequalities.

Prevention programmes

We will continue to support the delivery of evidence-based NHS prevention programmes to optimise care for cardiovascular disease (CVD), and reduce smoking, obesity and alcohol intake. Our new services will maximise diagnosis and treatment of CVD and help more people to stop smoking, maintain a healthy weight and keep their alcohol intake to under a healthy limit.

Our commitments for 2022/23

- Support the NHS to increase the number of people supported through the Diabetes Prevention Programme.
- Expand the Digital Weight Management Programme.
- Continue to roll out inpatient and maternal tobacco dependence treatment services in line with agreed ICS-level trajectories.
- Support the continued development of alcohol care teams in hospitals with the highest rate of alcohol dependence-related admissions.
- Support the establishment of 15 cardiac networks and the first stand-alone thrombectomy centre.

9. Drive the integration of care and enable change

Transforming care through harnessing information and technology

The overall strategy for technology in health and care is to digitise services, connect them to support greater integration and, with these foundations, enable service transformation. The government's Digital Health And Care Plan, soon to be published, will set out a vision and action plan for digital transformation. We are working with colleagues in NHS Digital ahead of NHS Digital's incorporation into NHS England next year.

Our commitments for 2022/23

- Continue to invest in the foundations for digital maturity, such as electronic records, infrastructure and connectivity across health and social care.
- Establish digital, data and technology talent pipelines and improve digital literacy among leaders and the workforce.
- Build on the basic shared care records in place in all ICSs to increase the range of organisations that can connect to them, and begin work to enable individuals, their approved carers and their care team to view and contribute to the record.
- Support ICSs to implement a population health and planning data platform and business intelligence tools.
- Support the publication of a Cyber Security Strategy for Health and Social Care that will help all parts of the health and social care system build resilience to cyber-attacks, including to safeguard people's private information.
- Support local NHS and social care organisations to manage cyber risk and ensure compliance with national cyber standards in each ICS and NHS region.

Supporting the NHS's Net Zero ambition

The NHS is tackling climate change and air pollution head on, saving lives and delivering high quality, cost-effective care for our patients. The Health and Care Act

2022 makes clear that this is a priority for every trust and ICS, and they are meeting this challenge; all have developed their own, localised Green Plan.

Our commitments for 2022/23:

- Support energy efficiency and renewable energy schemes as part of the Public Sector Decarbonisation Scheme.
- Introduce a 10% weighting in all tenders for net zero and social value.
- Optimise the prescription and use of inhalers to improve outcomes from asthma and COPD.

Establish integrated care boards and support collaborative system working

Integrated care systems (ICSs) are partnerships of organisations that have come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Following several years of locally-led development, the Health and Care Act 2022 established 42 ICSs across England on a statutory basis on 1 July 2022.

Each ICS will include:

- an integrated care board (ICB): a statutory NHS organisation responsible for meeting the health needs of the population, managing the NHS budget and arranging the provision of health services in the ICS area
- an integrated care partnership (ICP): a statutory committee jointly formed between the ICB and all upper-tier local authorities that fall within the ICS area to align strategy with wider partners.

Our commitments for 2022/23

- Co-produce the long-term ambition for how ICSs work and build understanding of how ICSs can best support the delivery of NHS commitments and local strategies for improving health and wellbeing outcomes.
- Finalise statutory guidance on ICS establishment and partnership arrangements, and continue to develop and shape the wider policy framework for ICSs.

- Support the development of partnership arrangements within ICSs, including with the voluntary, community and social enterprise (VCSE) sector, social care providers and Healthwatch.
- Co-design and deliver the model for system engagement and communications, as well as ongoing leadership development and support as agreed with ICSs and ICBs.

The integration of NHS England and NHS Improvement

The passing of the Health and Care Act 2022 enabled the legal merger of NHS England and NHS Improvement on 1 July 2022. Our ambition is to create a single organisation united in focus and purpose. In consolidating the considerable expertise, knowledge and experience each organisation brings, we will ensure that we are best placed to tackle the challenges facing the NHS and deliver even better for patients, colleagues and wider communities.

Subject to the passage of secondary legislation, and in collaboration with the DHSC, we will prepare for the legal merger of the new NHS England, HEE, and NHS Digital, expected in 2023.

Our commitments for 2022/23

- Merge NHS England and NHS Improvement. From 1 July 2022 NHS England and NHS Improvement will be named NHS England.
- Design the new NHS England, including how we will organise ourselves to deliver the new organisation's priorities and the opportunities available to us through bringing the organisations together, and our operating model.
- Shape our new culture to make NHS England a great place to work for our people and help us achieve our inclusion, diversity and wellbeing ambitions.

10. Improve productivity and reduce variation across the health system

As part of spending review settlement, the NHS has agreed to deliver an annual efficiency of 2.2%. Most of this will need to be delivered via local Integrated Care

Boards and provider organisations. Local systems will be supported in this by a number of national priority programmes, which together form an efficiency programme that reports into the National Productivity Board

Our commitments for 2022/23

- Continue to reduce unwarranted variation in clinical standards and outcomes and support the adoption of validated, efficient and cost effective best in class services across the whole of the NHS through the Getting It Right First Time (GIRFT) programme
- Drive improvements in patient outcomes and experience and ensure that the best value is achieved from the NHS's investment in medicines
- Support NHS providers to reduce their agency staff bills and encourage workers back into substantive and bank roles.
- Support the NHS to generate more value for each pound (£) spent on corporate services and reduce unwarranted variation
- Support the NHS to reduce addressable spend by leveraging collective buying power, delivering consistency and compliance in the routes to market and driving more effective contracting

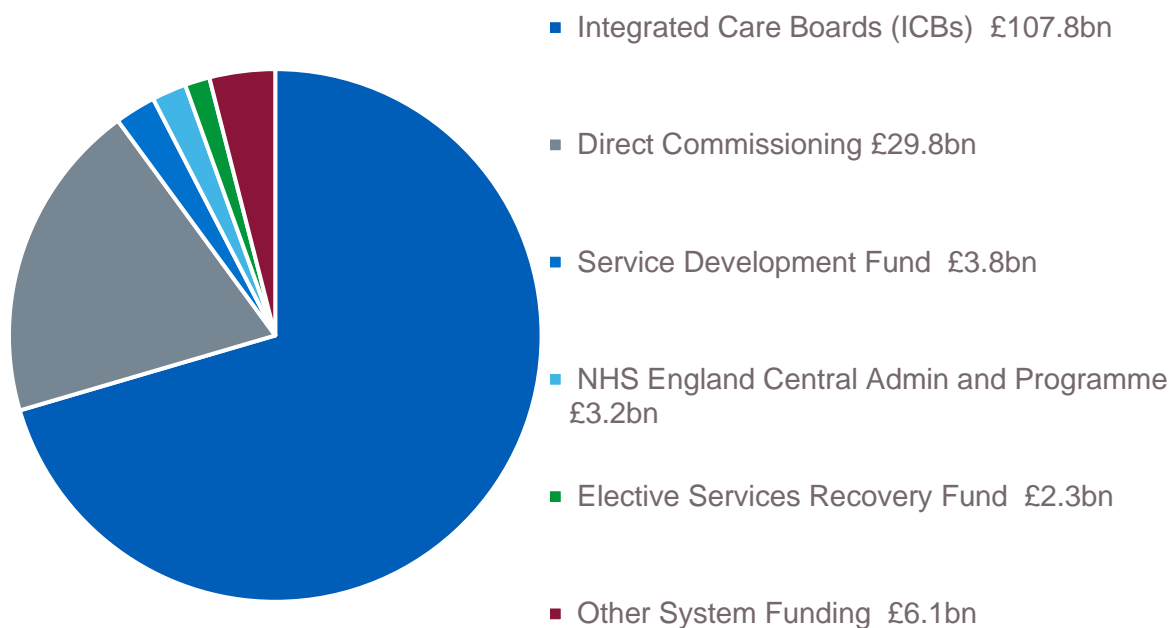
Our funding

Our commissioning budget for 2022/23, excluding drawdown of previous years' surpluses, is £153bn. We are responsible for using this money wisely, fairly and transparently to secure the best possible outcomes for both patients and the taxpayer.

We allocate most of this funding – £107.8bn – for commissioning local health services. A further £29.8bn is spent on directly commissioning services including some primary care services, specialised services and public health. The remaining funds are allocated to the delivery of service development and improvement programmes, in line with our corporate priorities, and NHS England's core administration and programme costs.

Figure 1 shows how we distribute our mandate funding.

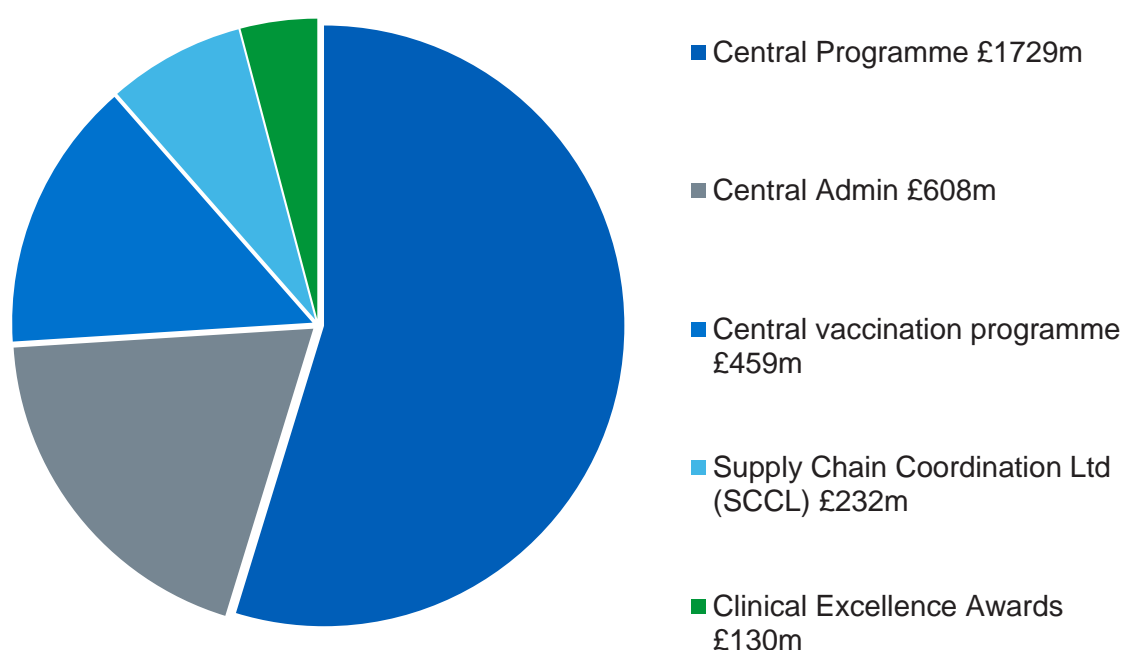
Figure 1: 2022/23 NHS England mandate revenue funding (£153bn)



'Other System Funding' includes £3.4bn for increased employer pension contributions.

The central administration budget for NHS England in 2022/23 has been set at £608m. Our programme costs are focused on the delivery of our corporate priorities and this year we have a funding envelope of £2.5bn. Approximately £0.13bn is allocated to pass-through costs to fund Clinical Excellence Awards. This leaves £2.4bn (excluding £0.1bn depreciation) for direct investment by NHS England to deliver on the commitments outlined in this business plan.

Figure 2: 2022/23 NHS England Central Admin and Programme Funding (£3,158m)



Note: Includes £3.4bn for employer pension contributions

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This publication can be made available in a number of other formats on request.