

NHS

England

Operating framework for NHS England



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Introduction

- **On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing.** This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.
- The establishment of ICSs and the new statutory framework, means that **NHS England is changing the way that we work (our operating framework) to best empower and support local system partners to deliver on their responsibilities.** This requires a cultural and behavioural shift towards partnership-based working; creating NHS policy, strategy, priorities and delivery solutions with national partners and with system stakeholders; and giving system leaders the agency and autonomy to identify the best way to deliver agreed priorities in their local context.
- As NHS England, **we will focus on what we are uniquely placed to do as a national organisation, increasingly using our resources to provide practical support to colleagues within systems,** in order to deliver on the commitments outlined in the NHS Long Term Plan annual planning guidance, the mandate from government and our statutory responsibilities. We will continue to agree the mandate with government, with input from Integrated

Care Boards (ICBs), and then support systems to deliver their part of this. Whilst many of the formal powers and accountabilities that we (or our predecessor national bodies) have held historically will remain broadly the same, it is how we deliver these – the behavioural change - that will be the fundamental difference in future.

- **This document sets out in more detail how we will work as NHS England and with systems.** It outlines our purpose and behaviours, how we will add value, our medium-term priorities and the accountabilities and responsibilities of the different organisations in the NHS, as well as how we will work with our partners across the health and care system. It will inform how we develop as an organisation in order to become more agile and reduce duplication and help the NHS to deliver the priorities identified within the NHS Long Term Plan alongside the actions needed to respond to the pandemic and wider pressures. Regions have been working with their systems to develop ways of working with and in each system to align with the overarching principles of our operating framework and it is intended that this document should further support this. We will continue to evaluate and refine our framework as we implement it.
- **The operating framework will be a key input into the design of the new NHS England.** This will be further developed alongside the operating models and statutory responsibilities of our new partners, Health Education England and NHS Digital, as part of the new NHS England change programme.

What is an operating framework

What is our NHS England operating framework?

- Our operating framework sets out “**how we do things around here**” – the ways of working that will enable us to deliver our purpose. We previously referred to this as our ‘operating model’ but have changed to ‘framework’ as it sets out the parameters for how we will work in NHS England.
- There are four core foundations to our new operating framework, these include our:
 - Purpose** – why we are here
 - Areas of value** – how we deliver value
 - Leadership behaviours and accountabilities** – how we work
 - Medium-term priorities and long-term aims** – what we are working to achieve.
- These foundations in turn underpin how our organisation will be designed and how decisions will be made.
- **The focus of this document is on the core foundations of our operating framework and their influence on the structures and our approach to change.**

Why do we need to change?

- **The changes to our operating framework are part of a cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working.**
- There are two main reasons for the change:
 1. The need to work and behave differently following the establishment of ICSs and the new statutory framework.
 2. The proposals to create a new organisation by bringing together NHS England, Health Education England and NHS Digital. This will require us to develop a new culture and structural design. We have established a new NHS England change programme to deliver this, with the operating framework a key part of that programme, alongside the operating models and statutory responsibilities of Health Education England and NHS Digital.

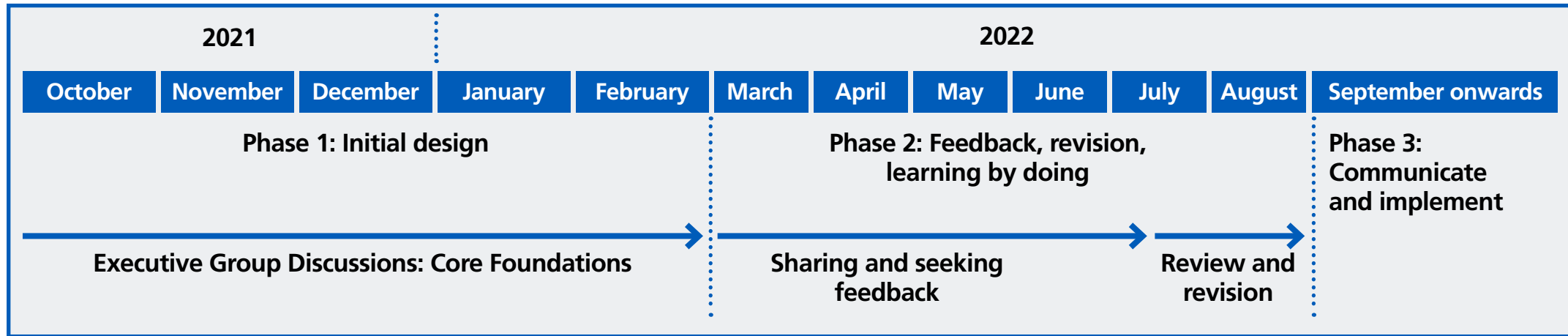
An update on our progress towards developing an operating framework for the new NHS England

To support the changes made in legislation on 1 July 2022, we have been working together as an organisation and with our partners to clarify our role in the new system and how we best deliver our objectives. This document aims to share what we have described to date and work that is yet to be done. Some of these elements, for example, our purpose, have been agreed alongside our new partners Health Education England and NHS Digital, whilst other elements need to continue to be developed together as part of the new NHS England change programme, for example, our behaviours.

The illustration below shows how many elements of our high level operating framework have developed and what we need to do next. **Further detail on each element can be accessed by clicking on the topic of interest.**



Our work to date



- The development of the core foundations of the NHS England operating framework began in 2021, through a series of NHS England and NHS Improvement Executive Group sessions as well as discussions with NHS England and NHS Improvement, Health Education England and NHS Digital Board members.
- In March 2022, we began to seek wider input and have run engagement sessions with almost 300 colleagues both within our organisation and with ICB leaders, provider leaders, local government colleagues and other partners, to capture feedback and refine the

- operating framework for the new NHS England, supporting the principles of co-creation, inclusivity and collaboration.
- We are now entering the implementation phase, which will focus on embedding these ways of working in all our activities, learning as we are doing this and refining our operating framework further as is needed.
- The operating framework core foundations will be a key input into the design of the new organisation, through the integration of NHS England, Health Education England and NHS Digital.

1. Our purpose

To lead the NHS in England to deliver high-quality services for all.

We will achieve this purpose by:

- **enabling local systems and providers** to improve the health of their people and patients and reduce health inequalities;
- **making the NHS a great place to work**, where our people can make a difference and achieve their potential;
- **working collaboratively** to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- **optimising the use of digital technology, research and innovation**; and
- **delivering value for money.**

Our purpose statement, provides clarity on **what NHS England is seeking to achieve**, this drives both ‘what’ we do (how we add value and what our priorities are) as well as ‘how’ we operate (our values, behaviours and accountabilities, and structures). The purpose statement is agreed between NHS England, Health Education England and NHS Digital and will continue to drive our organisation as part of the new NHS England change programme.



2. What we do to add value

To achieve our purpose, we need to be clear on how we, as NHS England, can deliver value to support the wider health and care system. At NHS England, we will focus our activities on eight key ways that we are uniquely placed to add value. Our organisation; **(1) Sets direction; (2) Allocates resources; (3) Ensures accountability; (4) Supports and develops people; (5) Mobilises expert networks; (6) Enables improvement; (7) Delivers services; and (8) Drives transformation.**



1: Set direction

- Develop and set national policy and strategy
- Manage relationship with government
- Agree the mandate with government, coordinating input from ICBs
- Determine NHS priorities, subject to the mandate
- Provide thought leadership and subject matter expertise for national priorities
- Provide leadership on NHS contribution to reducing health inequalities

2: Allocate resources

- Work with partners to develop strategy and plans to ensure we have the right workforce capacity across the NHS
- Lead on national workforce innovation
- Set financial structures and incentives
- Be responsible for financial stewardship of the NHS
- Contribute to the UK economy

3: Ensure accountability

- Define accountability structures
- Set standards for performance
- Monitor, assure and hold to account for performance on quality, finance and access
- Assure direct commissioning
- Provide support, guidance and oversight in relation to information processing
- Perform health protection functions

4: Support and develop people

- Establish our leadership culture
- Role model our culture and behaviours
- Create the conditions for a fully inclusive and diverse NHS
- Deliver workforce, training and education functions of Health Education England
- Ensure we have a structured approach to identify leadership talent and support their development



5: Mobilise expert networks

- Bring together expert knowledge to support service improvement
- Support delivery of improved outcomes and provide benchmarks for services
- Enable the spread of best practice
- Secure access to new tests, products and treatments
- Manage relationships across national and professional bodies
- Enable and support the development of systems and ICBs

6: Enable improvement

- Support delivery of quality and operational performance improvement
- Deploy resources to support challenged organisations and systems where required
- Perform regulatory intervention when required and run the Recovery Support Programme
- Provide national services to improve quality or reduce cost

7: Deliver services

- Drive the digital agenda
- Provide specific data and analytics services
- Offer centralised commercial and procurement support
- Commission a number of services directly

8: Drive transformation

- Support delivery of medium-term priorities (e.g. secondary prevention and earlier diagnosis)
- Drive development of key enablers of transformation (for example, digital; diagnostic infrastructure)
- Create the environment for innovation and transformation, including partnership with life sciences industry
- Lead the NHS's contribution to population health and prevention

How each of the component parts of NHS England support Integrated Care Systems and providers in their roles



Regions

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Act as the main voice to ICSs and the primary interaction between NHS England and systems
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed
- Agree 'local strategic priorities' with individual ICSs
- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations
- Develop leadership within ICBs and providers
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt
- Manage regional level relationships including, regional government
- Provide support to ICSs to enable delivery



Integrated Care Systems and Providers





National Programmes

- Create the evidence based strategy for transformation
- Act as a central hub of subject matter expertise that can be drawn down
- Articulate the value of change and suggest the most appropriate approach to implementation
- Help ensure national funding is aligned with agreed goals and develop a national approach to resource deployment
- Set expectations and guidance on data standards so that we can measure progress consistently and coordinate a national view
- Ensure people implications are considered
- Manage the programme specific relationships with external stakeholders, e.g. professional bodies, arms length bodies and national charities
- With regions, facilitate supportive interventions to improve performance and outcomes
- Embed digital and data in our programmes
- Develop guidance to support front line services in transforming services

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation



Integrated Care Systems and Providers





Corporate functions

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Set national strategy, priorities and incentives to improve standards of care and reduce unwarranted variation and create the conditions for a fully inclusive and diverse NHS
- Lead and represent the NHS with Government, and nationally with partners and the public
- Work with government to ensure the NHS has the resources it needs, and allocate resources
- Set national frameworks including the Financial Framework; System Oversight Framework; People Plan; Digital maturity expectations etc.
- Account to HM Treasury and Department of Health and Social Care for delivery, performance and mandate progress
- Foster strategic relationships across national arms length bodies, royal colleges and professional bodies
- Foster productive relationships and lead contract negotiations with trade unions and professional bodies
- Trigger regulatory intervention when required and run the Recovery Support Programme
- Provide technology architecture and policies, operate backbone systems, set minimum standards (for example, in cyber security and privacy) and promote interoperability and reuse
- Directly commission certain services



Integrated Care Systems and Providers



3. How we work

Leadership behaviours

To deliver our purpose in the context of system-working will require a new approach not just to 'what' we do but in 'how' we do it. We have set out on the right **12 leadership behaviours** aligned to six key values linked to the NHS Constitution, which can act as a guide for our interactions. **As part of the new NHS England change programme between NHS England, Health Education England and NHS Digital, we will work to develop a shared set of behaviours for the new organisation.**

By consistently living these behaviours we aim in the new NHS England to:

- **Work as 'one team' across the NHS (ICBs, providers and NHS England) with our partners, being collaborative and empowering each other** – but also being clear about who is accountable for what.
- **Seek co-creation and co-ownership** of our strategy, priorities and support offers – both within the NHS team and with partners - and demonstrate collaborative leadership.
- **Be inclusive and value diversity** – make sure that no one feels excluded and listen to all perspectives.
- **Work at pace when appropriate and be agile** – streamlining how we make decisions, avoiding duplication and multiple layers where we can.
- **Learn by doing** – acting, evaluating and continuously improving.
- **Be transparent and honest** – in all our interactions and activities.

Working to improve lives

- 1 Driven by the people and communities we serve
- 2 Focussed on clear outcomes

We are inclusive - everyone counts

- 3 Inclusive and diverse
- 4 Collaborating, co-producing, co-owning, being a great partner

Working as one team

- 5 Accountability to role and team
- 6 Trusting and empowering each other

Getting things done

- 7 Working at pace when appropriate, with agility and courage
- 8 Being ambitious and can-do

Learning and improving

- 9 Learning by doing, cycles of change
- 10 Data-driven and evidence-based

Compassion and respect

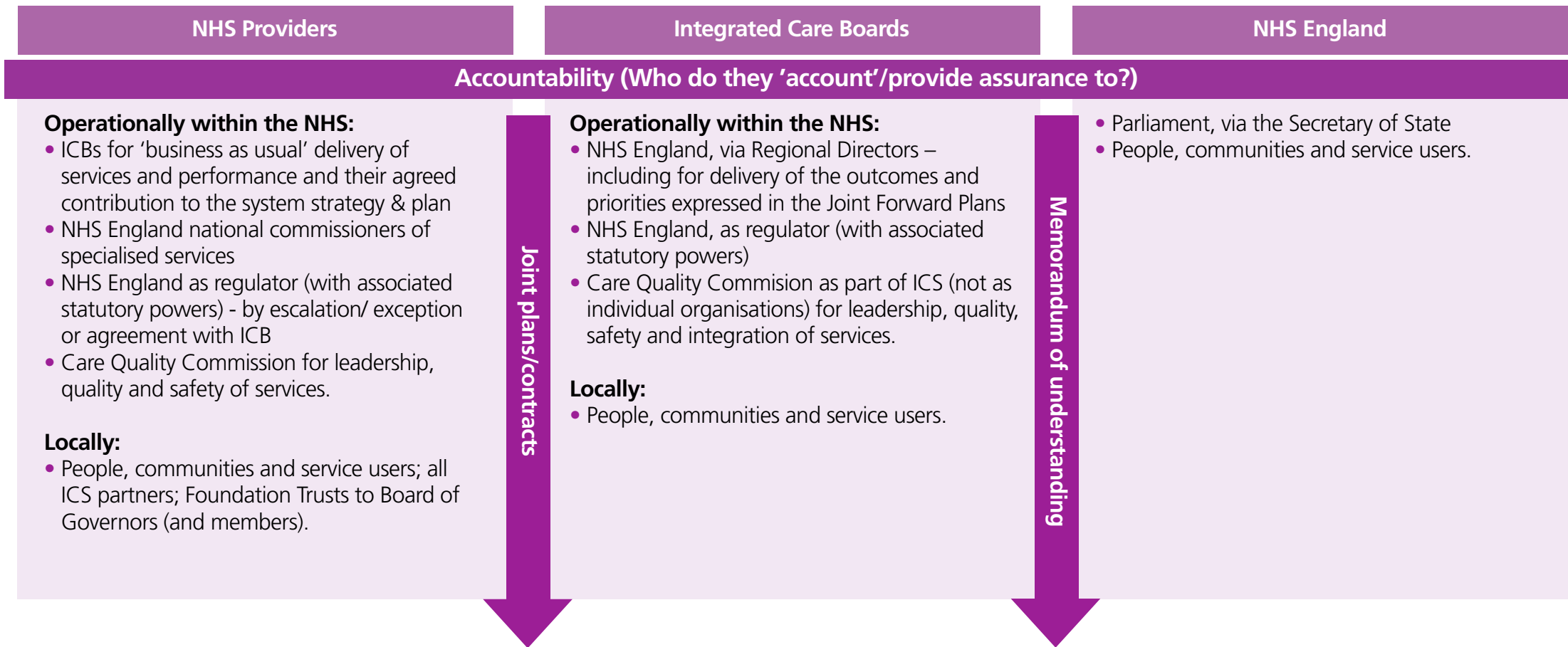
- 11 Hard on problems and supportive of people
- 12 Transparent, honest and authentic

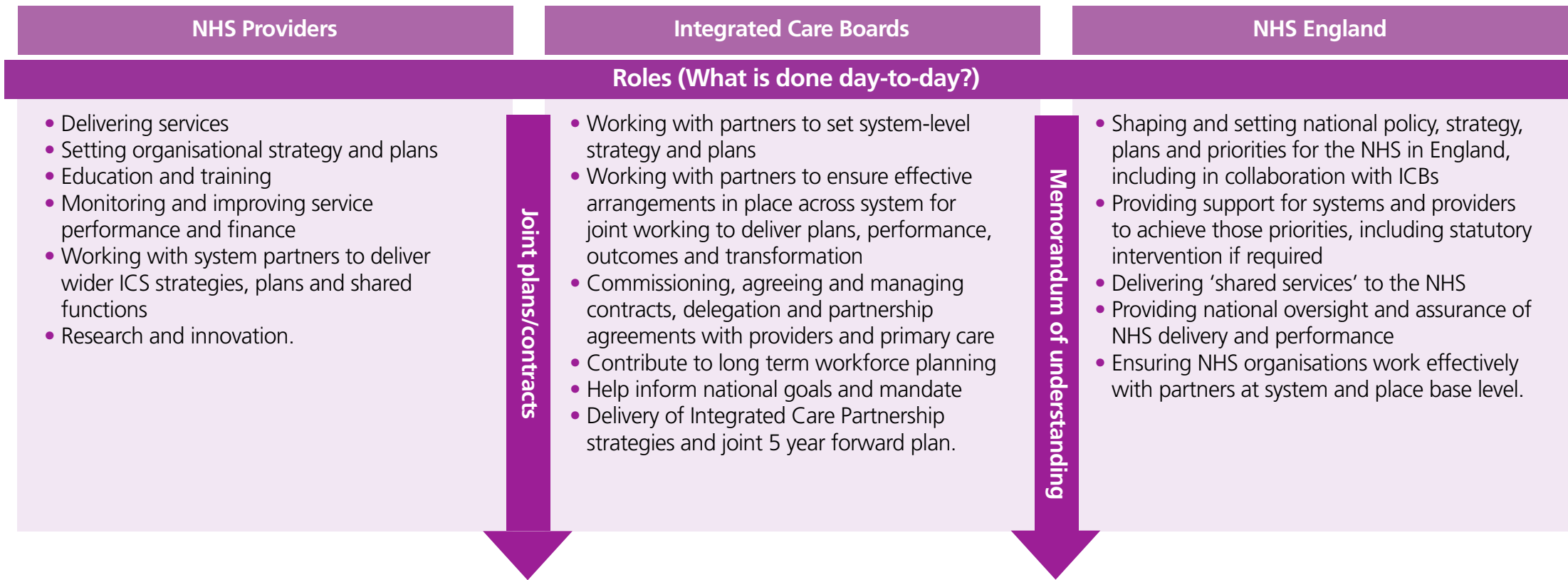
How accountabilities and responsibilities will work

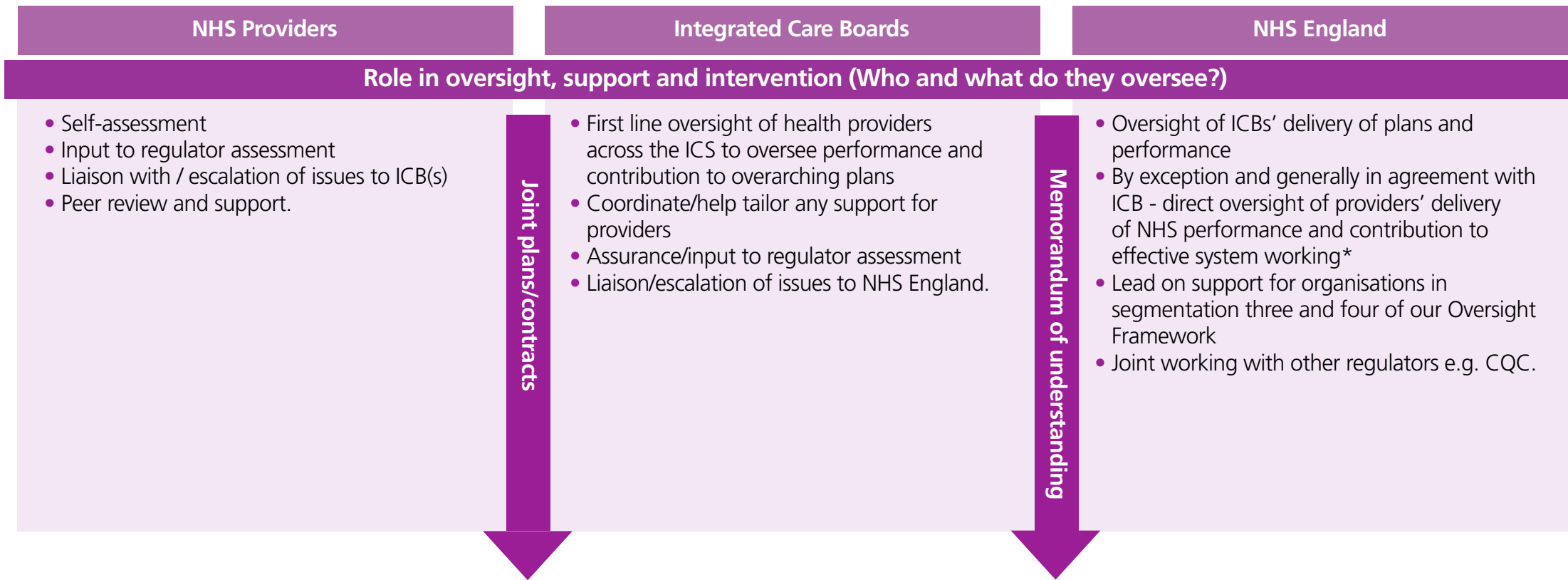
The tables below set out the **accountabilities and responsibilities for NHS England, ICBs and providers given the changes to legislation and shift to system based working***. Whilst this sets out a form of hierarchy, we expect ways of working to be agreed locally so that collaboration is at the fore of transformation in systems.



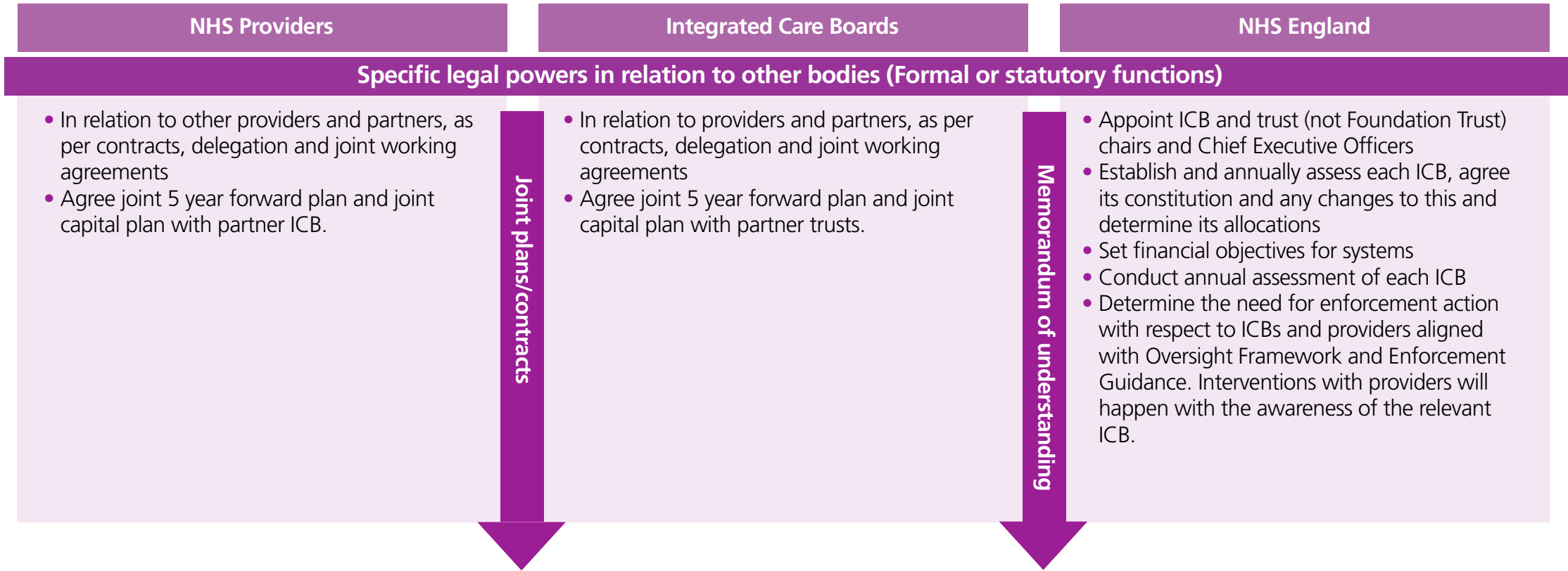
*This does not capture the full accountability framework for ICSs. The purpose of this document is to set out the operating framework for NHS England and therefore accountabilities and responsibilities are focused on NHS partners.







*Detailed agreement on working arrangements between ICBs and NHS England to be set out in Memorandums of Understanding.



Meeting national accountabilities through systems

How will we meet national accountabilities?

- **ICBs are responsible for developing and overseeing the implementation of joint strategies and plans with their partners to meet national commitments**, as well as any additional local priorities for health service, social care and public health improvement that are agreed within each ICS strategy and ICB/provider joint forward plan.
- **Individual providers are responsible for delivering safe, effective, efficient, high quality services in line with universal required standards and commitments, their statutory duties and their contracts and agreements with ICBs and NHS England**, and for delivering any agreed wider contribution to implementing the Integrated Care Partnership strategy and joint-forward plan.
- **NHS England is responsible for supporting ICBs, NHS providers and their local partners** to deliver their plans and make their full contribution to the ICS strategy, and for intervening if the NHS's national commitments are at risk or are not being met. NHS England's approach to supporting performance improvement and delivery (for the purposes of improved health of local populations) will be to set clear objectives, ask system and provider leaders to identify how they will best achieve them in their local context and provide or facilitate access to support where needed to address particular challenges. Solutions and support will draw on evidence of best practice

and root-cause analysis, with NHS England contributing as a system partner alongside other local stakeholders.

- **NHS England is also responsible to Parliament for NHS performance and has regulatory powers supporting this**. Therefore, while we will not determine the day-to-day working relationships between leaders, it is important to be clear on the formal accountability lines between NHS organisations under the new arrangements. These regulatory powers include the ability to intervene and direct both ICBs and NHS providers that are failing or at risk of failing to meet required standards or perform their functions and duties.

NHS Oversight Framework

- Our national approach to ongoing monitoring of progress and performance against universal NHS standards and commitments and agreed local priorities, for identifying support needs and intervening to secure improvement when required is set out in the **NHS Oversight Framework**.
- The arrangements for applying this within each ICS area will be agreed and set out in a **Memorandum of Understanding** between each ICB and the relevant NHS England regional team, alongside other details of their agreed ways of working. This will provide clarity of oversight arrangements for each provider, avoiding duplication.

How this will change the way that we work

Many of the formal powers and accountabilities that NHS England (or our predecessor national bodies) have held historically remain broadly the same. It is how we deliver these that will be different – some examples of how we will work are outlined on the right, with specific illustrations of the change on the next page.

- **Proportionate and streamlined:** ICBs and NHS England will ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined, and do not create duplication or unnecessary bureaucracy and reporting requirements for providers.
 - NHS England will describe a single set of national priorities, and metrics to track performance against them, in the Oversight Framework and will oversee this through a single mechanism.
- **Devolved:** For both ICBs and their partner NHS providers the primary relationship with NHS England will be through the relevant regional team.
 - Where national teams need to interact directly with ICBs and NHS providers, this will be done in conjunction with the relevant regional team, to ensure interactions are coordinated.
 - The arrangements between regional teams, ICBs and providers will be agreed locally, and set out in the Memorandum of Understanding. This will be discussed and agreed by all partners in the ICB and will be clearly communicated to partners in the system.
- **No surprises:** relationships between NHS England, ICBs and providers will be mature, respectful and collegiate, underpinned with effective lines of communication and a 'one team' philosophy, so there are 'no surprises' regarding the actions of each party.
- **ICB annual assessments:** NHS England has a duty to annually assess ICBs across a number of domains. The first annual assessment of ICBs will be completed in Q1 23/24 and will use a variety of evidence, but a key part of the process will be ICB self-reflection and dialogue between the ICB and NHS England over the course of the year.

How accountabilities will work in context of our behaviours

Below are examples to illustrate how activities might change as part of the new approach. They show how many of the formal powers and accountabilities remain the same, but how we implement them will be different. It is worth noting that how responsibilities and roles are applied will depend on the circumstances and there will need to be some exceptions to the general rule as we implement the new approach and learn as we go.

	From	To
Appointment of Foundation Trust Chair	<p>Accountability and powers: Trust Governors</p> <p>Trust Governors have responsibility for appointing the Chair. The appointment process may or may not include external stakeholders.</p>	<p>Accountability and powers: Trust Governors</p> <p>Trust Governors continue to have responsibility for the appointment. The appointment processes should consistently seek the views and input of relevant partners, such as ICB leaders (e.g., ICB chair).</p>
Oversight Framework Segmentation (Provider)	<p>Accountability and powers: NHS England</p> <p>Oversight of providers carried out by NHS England regional teams and decision on segmentation and support requirements made by NHS England.</p>	<p>Accountability and powers: NHS England</p> <p>NHS England will remain accountable for decisions on segmentation and mandated support for providers. NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions. ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4.</p>

Behaviours

- 

Collaborating, co-producing, co-owning, being a great partner.
- 

Accountability to role and team.
- 

Trusting and empowering each other.
- 

Hard on problems and supportive of people.

How we will work together

Within NHS England, some roles will increasingly focus on providing practical support to colleagues within systems.

The table below outlines at a high-level how different parts of our organisation will function.

Regions	National programme teams	NHS England corporate functions
Focus and ways of working		
<p>Regions will act as the coordinating point between NHS England and systems and the point of access to tailored support and advice.</p> <ul style="list-style-type: none"> • The central focus of regional teams will be to support local system partners to implement their plans. • Regions will bring together multi-disciplinary teams to inform and co-develop national strategy and policy, working with systems to reflect local realities. They will translate national strategy and policy to fit local circumstances and ensure this addresses local health inequalities and priorities. • Regions will need to work with their systems to develop the ways of working within their region to align with the overarching principles of this operating framework. 	<p>NHS England programme teams will work with and through regional teams to:</p> <ul style="list-style-type: none"> • Co-create the evidence based strategy for transformation and improvement for their programme; • Agree expectations on outcomes with and through regions; and • Provide the subject matter expertise that systems can use to support implementation and provide intensive improvement support if needed. <p>We are currently reviewing the national programmes that will form part of the new NHS England in order to streamline activities to ensure more effective coordination and interaction both across NHSE and with systems.</p>	<p>Regions and programme teams will in turn be supported by NHS England corporate functions.</p> <ul style="list-style-type: none"> • These teams will set the overarching strategy, standards and incentives which enable the whole NHS to focus on its core priorities, ensuring support and guidance offered to the system is coherent. There will continue to be things that are best done 'once', such as ensuring the NHS has the staff it needs, modernising how we use technology and data to improve population health and access and NHS-wide campaigns. • Internal corporate support will provide a range of internal advice and support services for the new NHS England, for example, communications and engagement, finance, commercial, governance and legal, HR, estates, corporate social responsibility, corporate IT and internal strategy.

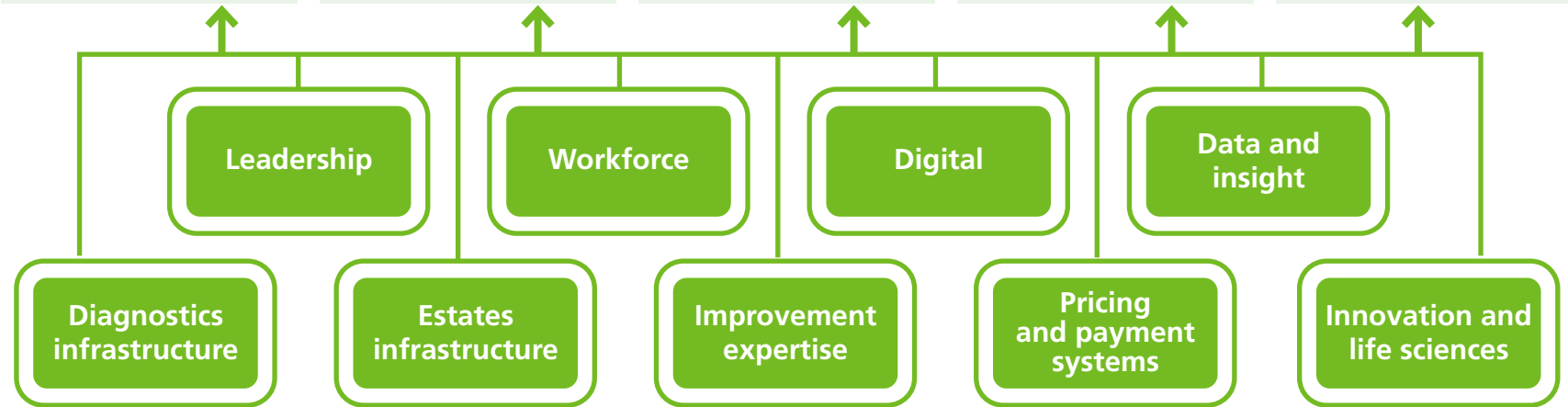
For both ICBs and their partner NHS providers, the primary relationship with NHS England will be through the relevant regional team. National teams will only work directly with ICBs and individual providers to request information or plans, or to offer or mandate support, by agreement with the relevant regional team (other than in exceptional circumstances).

4. Delivering our objectives

Our objectives

In order to deliver our purpose and value-add for the health and care system, **we have set out on the right five transformational priorities for the medium-term (next 3-5 years)**. Agreeing medium-term transformational priorities represents a shift in how we operate and will enable us to focus on interim objectives to help frame and achieve our long-term goals. This will also enable us to more effectively address the challenges we face today.

1. STOP avoidable illness & intervene early	2. SHIFT to digital and community	3. SHARE the best	4. STRENGTHEN the hands of the people we serve	5. SUPPORT our local partners
I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.	When I need it, I get the right care in the right place and I don't have to wait too long.	I always get the best of the NHS wherever I am cared for – and I get good value for my money as a taxpayer.	I am involved in all decisions about my treatment and care and am more in charge of my own health.	Everyone works together in my local community to make things better, with me in mind.



The medium-term priorities are underpinned by nine key enablers, which support delivery of each priority.



Each of the five medium-term, transformational priorities contribute to delivery of our urgent priorities and our long-term aims, as illustrated below. As part of embedding these priorities in our activities, measurable outcomes will be aligned to each so that we can monitor delivery over time.

1. STOP avoidable illness & intervene early	2. SHIFT to digital and community	3. SHARE the best	4. STRENGTHEN the hands of the people we serve	5. SUPPORT our local partners
I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.	When I need it, I get the right care in the right place and I don't have to wait too long.	I always get the best of the NHS wherever I am cared for - and I get good value for my money as a taxpayer.	I am involved in all decisions about my treatment and care and am more in charge of my own health.	Everyone works together in my local community to make things better, with me in mind.

Examples of actions we take to support urgent priorities

- Take action to avoid unnecessary illness and stop conditions escalating now. This should improve access to Urgent and Emergency Care services and outcomes for patients.
- Take action to decompress the acute system now, which should help release acute capacity to support improvements to patient flow.
- Take action to adapt and adopt best practice to improve consistency of care now.
- Take action to provide patients with the information they need to choose the right care in the right place.
- Take action to ensure the successful establishment of new ICSs now.

Examples of actions we take to ensure we keep building towards the long-term

- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.
- Work to build out of hospital capacity and different models for the longer-term.
- Work to build greater standardisation by embedding best practice and separation of urgent and elective care at scale.
- Work to create a fundamental shift in the balance of power to give people more control in shaping their own health and care, enabled by technology and data.
- Work to build strong and sustainable local systems and partnerships.

Our required outcomes

Our six longer-term aims

- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment



5. How we will organise ourselves

Integration with our partners

- **The proposed merger of NHS England, Health Education England and NHS Digital on 1 April 2023, provides a unique opportunity to create a 'new' NHS England**, putting workforce, data, digital and technology at the heart of our plans to transform the NHS.
- This operating framework will be a key input into the design of the new combined organisation. **The new NHS England change programme will seek to use the principles of the operating framework to ensure the new organisation maximises the potential of our move to system working; streamlining what we do nationally to give systems the space to lead and ensuring we focus our efforts on what we are uniquely placed to do at a national level.** This will include being clear on interdependencies between regional and national functions in order to deliver our accountabilities.
- Part of our commitment in the creation of a new NHS England is to develop a new culture for the organisation, supported by a set of behaviours which we will co-develop and refine as part of the integration process.

High level organogram

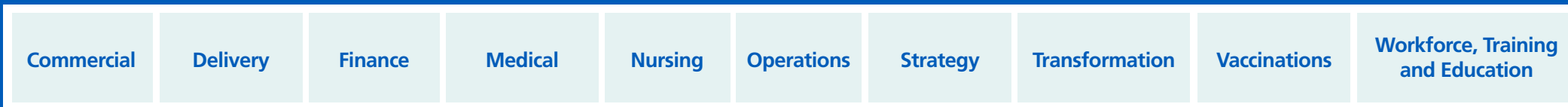
At the top level, the proposed design for the new NHS England will integrate Health Education England and NHS Digital with the NHS England structure, with clear national, regional and internal accountabilities. The top level structure is shown below. Our regions will continue to hold the primary relationship with systems, supporting delivery of priorities locally as well as influencing national policy development by providing local context input.

You can find our latest organogram [here](#).

NHS Chief Executive - Amanda Pritchard

National Directorates

National teams from across the organisations will come together to deliver the core functions of the new NHS England through 10 Directorates.



Programmes

Programmes will be consolidated and operate through more streamlined delivery models, facilitated through greater central coordination

Internal Corporate Support

Internal corporate services (for example, Finance, HR, Estates) will be integrated across the three organisations. Support will be delivered through a blend of shared and directorate-aligned functional teams.

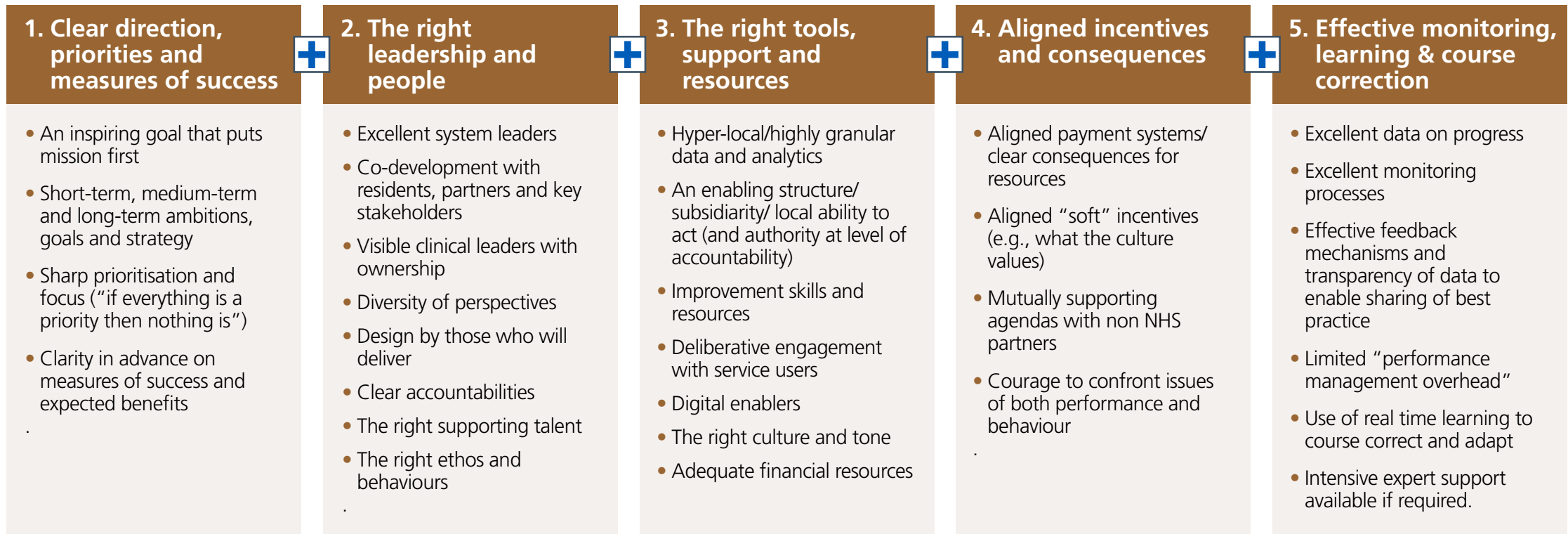
Regional Teams

Regional teams from NHS England and Health Education England will be integrated and seven regions will remain. Regions will look for opportunities to transfer more accountabilities to ICB level.



6. Setting ourselves up for success

We have developed a common framework and discipline for how we approach change programmes in NHS England. As part of our development of the operating framework our Executive identified five components to ensure that these change programmes are successful. We engaged with stakeholders to refine this as part of the operating framework conversations. The output of this is outlined below. The impact of this approach is multiplicative, if one of the five components is zero then the net effect is zero. **We will aim to consistently embed these into our change approaches in future.**



7. Making this a reality

We have set out the foundations of our ways of working for the new NHS England; **we now need to consistently embed these ways of working in all our activities and interactions.**

There are a number of objectives that we will implement through the new NHS England change programme:

1. **Doing what only we can do and focusing on how we deliver value**
2. **Adding value at the right place**
3. **Providing a single voice and clearer interactions with the system**
4. **Adapting ourselves to support the development of ICSs**
5. **A simpler and better coordinated organisation**
6. **Integrating the wisdom of frontline services in everything we do**

It will take time to implement these changes and there will be a programme of work to support this over the coming years.



8. What to expect next

- **We have started a programme of work to enable us to deliver our immediate next steps and objectives as part of the new NHS England change programme.** These actions will take place over the coming year ahead of the organisations coming together on 1 April 2023 to form the new NHS England, subject to Parliament's approval of the necessary regulations.
- Whilst the formal merger will take place on 1 April 2023, further work will continue into 2023/24 as we implement an organisation design programme to transform our ways of working.
- This will enable us to add further detail to this document and to develop the operating framework for the new NHS England with Health Education England and NHS Digital, some of which we will start to put into practice before the merger date as we work closely together with our partners. Key amongst these will be in the development of the four high impact areas of cross-cutting design and a revised Executive governance meeting structure.
- An Organisational Development and Transformation programme will be established to support this beyond the merger date, recognising these changes will take time.
- We will evaluate this over time, collaboratively and in partnership with system leaders and stakeholders.

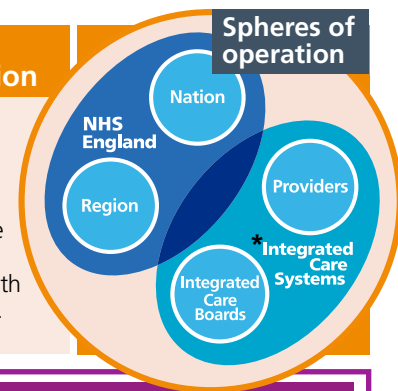


The NHS England operating framework: the foundations

1 Why we are here To lead the NHS in England to deliver high-quality services for all

2 What we do to add value

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
<ul style="list-style-type: none"> Policy and strategy Relationship with government Agree mandate Set annual planning guidance and priorities Provide leadership. 	<ul style="list-style-type: none"> Plan workforce strategy with partners Workforce innovation Financial structures and incentives Financial stewardship of NHS Financial allocation. 	<ul style="list-style-type: none"> Accountability Standards Goals and expectations Monitoring and assurance Regulation Health protection. 	<ul style="list-style-type: none"> Leadership culture and development Culture and behaviours Inclusion and diversity Training and education. 	<ul style="list-style-type: none"> Expert knowledge and consensus Outcomes Benchmarks Best practices New products and services National stakeholders System development. 	<ul style="list-style-type: none"> Support improvement Deploy improvement support Intensive support Regulatory intervention. 	<ul style="list-style-type: none"> Digital Data and analytics Commercial & procurement support Direct commissioning. 	<ul style="list-style-type: none"> Medium-term priorities Transformation enablers Partner with life sciences Population health and prevention.



3 How we do it

Leadership behaviours Working to improve lives We are inclusive - everyone counts Working as one team Getting things done Learning and improving Compassion and respect

Accountabilities and responsibilities	Providers	ICBs	NHS England
	<ul style="list-style-type: none"> Statutory responsibilities for safe, effective, efficient, high-quality services Effective system working and delivery of their contribution to ICS strategies and plans Financial performance and requirements set out in NHS planning guidance, including quality and access Compliance with provider licence, Care Quality Commission standards Reducing unwarranted variation, especially through Provider Collaboratives. 	<ul style="list-style-type: none"> Effective system leadership which balances immediate and longer term priorities Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. Overseeing the budget for NHS services in their system Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties Work with local authorities to act as the stewards of local population health outcomes and equity. 	<ul style="list-style-type: none"> Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources National NHS performance and transformation as set out in NHS mandate and constitution Contribution to effective system working and delivery, including statutory intervention if required Foster relationship and alignment with government Stewards of the NHS Set strategy for the future Foster productive relationships with partners and major stakeholders.

4 What we need to achieve

Medium term objectives STOP avoidable illness and intervene early SHIFT to digital and community SHARE the best STRENGTHEN the hands of the people we serve SUPPORT our local partners

Outcomes	Longer healthy life expectancy	Excellent access and experience	Value for taxpayers' money
<ul style="list-style-type: none"> Excellent quality, safety and outcomes Equity of healthy life expectancy, quality, safety, outcomes, access and experience 	<ul style="list-style-type: none"> Support to society, economy and environment 		

* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.

