

Speech: Primary care is crucial to preventing ill health

Prevention is better than cure – this is such an old saying that we take it as a given. It's become a cliché.

But as a new Health Secretary speaking at the NAPC Conference for the first time, I thought I'd better make sure I know where it comes from.

Google suggested Benjamin Franklin, who said "an ounce of prevention is better than a pound of cure", but it was actually the 16th century Dutch philosopher Erasmus who coined the insight, which has shaped our approach to medicine for nearly 5 centuries.

The irony to this is that Erasmus died suddenly from an attack of dysentery, which we now know is wholly avoidable with the right prevention.

Today, I want to talk about 3 things:

- first, how GPs are at the heart of primary care
- second, how primary care fits within the whole NHS
- and third, how primary care is a crucial part of our wider prevention agenda

Let's start with GPs.

GPs are the bedrock of the NHS. They are the first port of call.

So, first: let's talk GP numbers. Today, there are 41,360 GPs working in England.

Too many GPs are retiring early or opting to work part-time, which makes the challenge of increasing the number of GPs even greater.

We have set a goal of getting 5,000 more doctors into general practice. And we must reach it.

We have record numbers of GPs in training. This year we recruited 3,473 trainees against a target of 3,250. That is a 10% increase on last year.

And we have removed the cap on GP visas so more can come to this country. This is real progress as we try to get the numbers up.

And we need a cultural shift too so that we value GPs more. Being a general practitioner should have the same prestige as being a consultant or a

surgeon. Because GPs are the bedrock of the NHS.

I think you're doing an excellent job, despite all these pressures. The CQC rated 96% of GPs as giving a good or outstanding level of service.

So we must keep supporting and encouraging more people into the profession.

But increasing the numbers of GPs isn't, on its own, enough to meet the growing health challenges we face as a nation.

GPs are part of a team, and through them manage the health of our country. So, GPs working in, and leading, mixed teams of nurses, pharmacists, physios and other healthcare staff is the way forward.

We are on track to increase the number of other clinical staff working in primary care by 5,000 by 2020 to 2021 – and have recruited more than 3,000 since 2015.

We are helping other primary care workers, like dentists and pharmacists, to expand their services so we can make best use of their skills and lighten the load on GPs.

Just to give you one example: community pharmacies.

We have seen our flu vaccination programme reach more than a million (1.3m) people over the past 3 years with people able to get vaccinated quickly and close to home.

Last year, an estimated 12,500 high-risk asthma patients were identified and referred for review by pharmacists. I want to see more of these kinds of partnerships to prevent ill health in pre-primary care.

So yes, there is more we can do. This vision of an expanded and revitalised workforce, less pressured, more supported and rising to these challenges – this is what I foresee.

These are all important considerations for Dr Nigel Watson, as he continues his review of the GP partnership model over the coming months.

The partnership review will be a critical moment as we look towards what is the future of our primary care.

Not just an expanded workforce, but with the support that makes GPs lives easier too.

How much time do you spend doing paperwork? How frustrating is it not to be able to see someone's full medical history – even when they're your patient? Why are the systems so slow and access to scans and other test results so hard?

All these things can be fixed, and I'm determined that we fix them, so we have a fully integrated and interoperable system, easier to use and removing the burden of bureaucracy.

I want to remove as much of the bureaucracy as possible and lift the burden of liability.

I'm committed to delivering a state-backed GP indemnity scheme from April – subject to negotiations on the primary care contract and engagement with stakeholders. I want to reduce indemnity costs as a barrier to doctors entering or staying in general practice. We are writing to GP representatives today with an update on progress and seeking further views.

And we need to go further in freeing up GP time too. The recent QOF (Quality and Outcomes Framework) review suggested how we can get rid of pointless box-ticking indicators exercises so those working in primary care can focus more on what's important to patients. We must improve and simplify QOF.

We must also simplify and standardise the appraisal system. The partnership review is currently exploring how we can support people working in primary care to build their skills and experience, particularly in the early years of their career, and how we can nurture the leaders and the partners of the future.

Primary care is renowned for its ability to innovate. And I support this innovation. This should include practice structure too. Why shouldn't primary care practices be able to set themselves up as John Lewis Partnership style mutuals?

I'm not wedded to any one model, but I am attracted to a model that benefits primary care staff and patients.

I have seen primary care practices that have blossomed under the primary care home model, like Granta in Cambridgeshire, and other new, more integrated care models emerge.

Like Wolverhampton or West Suffolk, where general practice has developed shared data systems with the local acute hospitals.

Like east London, where they have developed shared real-time data systems covering a population of 1.5 million, across 7 healthcare organisations and over 180 GP practices.

Different places. Different models. But the net result is the same – better ways of working and better services for patients.

We need to embrace this diversity of approach because while we may work in different ways, we have to think of primary care as a whole. And we need to think of it as an integrated and integral part of the health system as a whole.

Which is the second thing I want to talk about today and talk about it as we're writing the long-term plan for the NHS.

Too often, we separate into silos: community care, primary care, community mental health, and then in turn separate these off from secondary and acute care.

This model is wrong. It creates barriers. And it must change.

We all know our primary care system is under strain. As the population is getting older. People's expectations are getting greater.

And with these new pressures, there are also new possibilities that are creating more demand. Personalised care. Personalised treatments.

That's why we need to support you, primary and community care teams, to address the challenges you are facing alongside the people you support and care for in as integrated a way as possible.

I've set out my 3 early priorities for the NHS: prevention, technology and supporting the workforce.

Primary care is central to all 3. The future of the NHS rests on getting primary care right, and on shifting our focus so that we keep people out of secondary care.

We must shift our focus to keeping people out of hospital.

As a government, we have made the NHS our number one spending priority. And to guarantee the NHS for the long term, we've proposed £20 billion more per year over the next 5 years.

Currently, of the £114 billion NHS budget, we know that a large proportion goes to acute care. Yet we know that, of the determinants of healthy lifespan, just 20% relates to acute care.

Last year we spent just £16.4 billion on primary care and public health.

For past generations it made sense to focus on things like heart disease and stroke. As a result of these efforts, heart disease is down, strokes are down. We're doing better than ever before.

Yet, the challenges now are around multi-morbidities. So the focus of the system has to move from treating single acute illnesses to care for multiple chronic conditions and promoting the health of the whole individual.

Obesity. Diabetes. Mental illness. Dementia.

These are the pressures of the future. And the only way to address them is by public health and personal health, pre-primary and primary care together.

By preventing people from becoming patients in the first place, supporting our communities to live longer, healthier lives, and to recover sooner when they do need our care and help.

We must adapt and address the health of the population across all ages. These are the challenges of the future and that is what primary care does best.

So as we put £20 billion extra with the NHS, we must change that balance of spending and shift our focus to keeping people well, living in the community,

and out of hospital for longer.

But our support for primary care has got to go beyond budgets. Which brings me to my third point – why primary care has a crucial role to play in the prevention agenda as a whole.

We know that alongside the 20% from acute care, 20% of a healthy lifespan is determined by genetics, 30% is the environment, and 30% is what people can do themselves – the choices they make.

We have to help people make healthier choices and prevent problems developing in the first place.

That's why it is so important we continue to look at the wider environment in which we live and work.

By supporting people into, and staying in, employment. By investing in high-quality housing that is suitable for current and future generations, at every stage of life.

And we must learn from the best, both nationally and around the world.

We need to look at places where people have got this shift of resources right, and managed to rebalance the system between primary and community care on the one hand and secondary care on the other. Like Buurtzorg in the Netherlands.

Under this Dutch model, nurses work in small self-governing teams to provide a range of care and support. They lead the assessment, planning and co-ordination of patient care. And, they're trained to have a flexible skill set, which allows them to deliver a range of treatments including wound care, diabetes monitoring, IV infusion and end-of-life care – and also to navigate the system.

The nurses effectively self-manage. This enables them to gain managerial experience while delivering clinical care. People have talked for years about wrap-around care. With Buurtzorg that is happening.

Compared with other models, the Dutch model delivers higher-quality care at a lower cost. I want to see it grow.

This open-minded approach to new ways of working must also extend to technology.

Now, you may have heard about my thirst for new technology. Some of you may have even downloaded my app – I hope you haven't received too many notifications.

And while I'm a firm believer in the power of technology to help people fulfil their potential. I firmly believe that technology will never replace the need for human care, for the skilled, empathetic people we find in our health and care professions.

And I believe the technology has to work for you: the clinicians, the professionals.

So, our vision for primary care is this:

GPs as the bedrock of the NHS. Part of broader primary care networks. Better integrated and supported within our health system.

All with the goal of treating ill health closer to communities and preventing ill health in the first place, so that the nation we serve can live longer, healthier lives.

Speech: International Development Secretary Penny Mordaunt gives key-note speech at the Safeguarding Summit 2018

Those words that we heard earlier this morning should haunt us.

How have we failed, for so long, not to do what we know to be right.

How have we failed to protect.

How have we failed to hold to account.

How have we failed to put people first.

No environment is so chaotic or complex.

No disaster or crisis so horrific.

Or atrocity so heinous.

That the protection of people from the abuse of power becomes unimportant.

It is the most fundamental duty we have, to those we seek to help.

Thank you all for recognising that.

Thank you all for your recognition that, after the Oxfam scandal, we had to grip this issue.

Thank you for all your efforts, commitments and hard work, that have got us where we are today.

Thank you to the Ministers, who were the first to pick up the phone to me, and asked how they could help.

Thank you to the chairs and co-chairs of the NGO working groups who've been working so hard with us to find coordinated solutions. And to the British NGOs who've been so instrumental in driving the initiatives we're unveiling today.

Thank you to Baroness Tina Stowell and the Charity Commission for all the important work they have done. Thank you to the 50 nations who answered our call to lobby the UN, and the convening donors representing 90% of global aid to make real commitments today.

And thank you to all those who've taken a stand. For example, the Chief Executive of the World Bank, who on getting push back on changing the Bank's policy to outlaw its employees purchasing sex, said: "You had the same response when we banned smoking in the executive offices. You'll get over it, or you'll clear off".

And we owe particular thanks to the incredible, courageous people who have come forward with their stories.

And we owe particular thanks to the incredible, courageous people who have come forward with their stories. To those such as Asmita and Megan who have championed this cause for so long.

We need to listen to those people, and we need to keep listening – especially when what they're saying is hard to hear.

And I want them to know that they have been heard. And that we've taken their message to those with real power to make change happen – the G7, the international institutions, and ministers from around the world.

You're not alone – and we stand with you.

You guide and drive us as we shape the way the aid world tackles sexual exploitation and abuse, and sexual harassment.

And let there be no doubt that that is what we are here to do.

Not just to tinker around the edges. But to fundamentally rewrite the way this sector operates, from root to branch. And all that hard work is going to be consolidated here today.

We've not had these opportunities that we've created over the last six months ever before.

And they will provide the means by which we will clean up this sector.

Thank you all for being here, the agencies, the NGOs, national governments and donors, and the international financial institutions.

Today, our further clear, ambitious commitments, must make a real difference

to people's lives on the ground, and put people first.

We need coordinated global action.

If we're really going to change the way aid works, the whole sector has to come together, and that has to be from today.

We have developed initiatives, that will better support survivors and victims, enhance accountability, drive up standards, and strengthen organisations' capacity and capability.

And this means us getting better at four things:

- Preventing abuses happening in the first place.
- Listening to those when abuses happen.
- Responding decisively, and sensitively.
- And learning from each case we deal with.

The first thing I asked my department to do was to hold ourselves up to those high standards.

And I'm not just speaking on behalf of DFID. I'm also speaking on behalf of all UK aid spending. And on behalf of nations representing 90% of global aid spend, through the donor group that we have convened.

This is an unprecedented level of co-ordination, and an unprecedented weight being thrown behind this issue.

First and foremost, we need to prevent sexual exploitation and abuse, and sexual harassment, happening in the first place.

So today I can announce that DFID and Interpol are launching a pilot of a new system to improve background checks on aid staff, and to provide advice to employers on international vetting.

The pilot will also strengthen the criminal databases and vetting systems of national crime agencies around the world, beginning with regional hubs in Africa and Asia.

UK NGOs, with support from DFID, are going to test a passport for aid workers, to prove their identities, provide background information on previous employment, and confirm their vetting status.

And we're also supporting the introduction of a 'Disclosure of Misconduct Scheme' across the NGO sector, to prevent known perpetrators moving around undetected.

At least 15 organisations covering approximately 50,000 staff have already signed up to the scheme.

And we hope that a number of additional organisations will be signed up by December, taking the organisations to 100, covering hundreds of thousands of members of staff.

And today I can also announce that the major international donors are committing to global standards on the prevention of sexual exploitation and abuse.

These standards will cover ethical behaviour, recruitment and complaints processes. And they will be backed by stronger due diligence processes, better project monitoring, and tougher language in our funding agreements. All the partners of the major donors will need to meet these new standards.

And on behalf of DFID, I want to provide you with the assurance that partners not meeting those high standards, will not receive UK aid funding.

These initiatives mean that the aid system will be better able to identify high-risk individuals, stop them slipping through the net, and make the big international agencies accountable to the people on the ground.

Second, as donors, we commit to listening to those we serve, including them in the design and monitoring of our aid programmes, break down the barriers to reporting, and we will take those reports seriously.

And we will continue to provide multi-million pound funding for the 'Humanitarian Innovation Fund', which will harness technology to prevent sexual exploitation and abuse in the aid sector.

The DEC will also launch a shared reporting hotline for raising concerns in future emergencies, along with a review of how they respond to community feedback – including in Cox's Bazar in Bangladesh.

Thirdly, we are committing today that where sexual exploitation, abuse and harassment occurs, we will respond decisively, effectively, and in line with the rights and wishes of those affected.

I can announce that the Charity Commission, in consultation with the NCA, and the National Police Chief's Council, is introducing a standard approach to criminal reporting. This will help us identify and route out cases of suspected abuse in the NGO sector.

And I can also announce that in consultation with victims' rights experts and the United Nations, DFID will be supporting the development of a Statement of Victims' Rights.

This statement will allow people to understand their rights, and have confidence that they can find help if those rights are threatened or violated – without fear of reprisal.

My colleague Lord Ahmad will be making an announcement about related support

later today.

And the donor community is also committing to publish relevant information about allegations and confirmed cases, including into annual reports.

And finally, we commit today to learn more quickly in the future, as new evidence and opportunities emerge. While we recognise that great strides have been made this year, we need to be honest that this is going to be a journey.

We need to harness best practice. We need to keep adapting where things aren't working.

So today I'm also announcing the launch with DFID funding of a new Resource and Support Hub which will draw together the latest research, guidance and training to NGOs and others, and provide access to investigators who can support organisations to root out wrongdoing.

And we know that mistakes and wrongdoing can happen anywhere. No-one must be above scrutiny. That is why from today, all donors working on tackling sexual exploitation, abuse and harassment will be subject to regular independent review by the Organisation for Economic Cooperation and Development.

The donors on whose behalf I am speaking – who represent 90% of the global aid spend – are committed to provide guidance and training to relevant staff.

And we have each committed to having at least one senior champion in our organisations, accountable for work to tackle sexual exploitation and abuse, and sexual harassment.

We will discuss all these issues at least once a year at board level, and meet as a group of donors within 12 months to check on progress.

And it gives me hope that the donor community has come together in this way.

Not least because it makes me think what else we can do when we put our minds to it.

This unprecedented action will make a deep and lasting change to the way the aid system works, and spell real improvements for the people on the ground.

And I assure you, that you have at your disposal every tool that Britain can offer in this fight.

From the determination of our journalists, who've done so much to bring this problem to light.

To the expertise of our public services and institutions, such as the NCA, who are working tirelessly to build up the capacity of similar organisations around the world – including the ability to prosecute.

But the donor community can't do this on its own, and we need to see the same kind of response from the entire sector.

We need a united front, a coordinated and forceful action.

And later this morning I look forward to hearing from the UN, from UK NGOs, from the private sector, from the development finance and from research organisations, about the commitments they are making to help right this wrong.

We know we are not going to heal all the wounds from today. This isn't a problem we can solve swiftly, but we've made a good start.

Our work – even in just a few months – is having an effect.

Predators are being arrested, and others are leaving the sector.

And if anything, if we do our jobs right, we won't hear about fewer cases. We are likely to hear about more, at least in the medium-term.

The stories that opened our summit won't be ignored anymore.

There will be consequences for those who do harm, and those who allow harm to be done.

Their time is up.

There can be no excuse.

No excuse for dereliction of duty.

No excuse for complacency.

And there can be no place for sexual exploitation and abuse in any sector.

Let alone one which seeks to protect the vulnerable.

Time is up for the predators, and it's time for us to put people first.

Thank you.

Press release: Appointment of 3 non-executive directors completes new Single Financial Guidance Body's board

The Department for Work and Pensions has appointed 3 non-executive directors to the board of the Single Financial Guidance Body (SFGB), a new service which has been established by the Financial Guidance and Claims Act to provide free and impartial help on money matters.

The SFGB will bring together services provided by the 3 well-known and respected organisations:

- the Money Advice Service
- the Pensions Advisory Service
- Pension Wise

It is due to be launched in January 2019 when it will bring the staff and functions of the 3 bodies under one roof.

Tim Jones, financial services executive and former CEO of the National Employment Savings Trust (NEST), Professor Elaine Kempson, Emeritus Professor at the University of Bristol, and Moray McDonald, Managing Director for Products with the Royal Bank of Scotland, have joined the SFGB as non-executive directors. Minister for Pensions and Financial Inclusion – Guy Opperman – said:

It's great news for the new Single Financial Guidance Body to have Tim Jones, Professor Elaine Kempson and Moray McDonald on its board. They bring a wealth of skills and experience that will help the new organisation and its leadership to deliver a quality, streamlined service under one roof, giving people the guidance and support they need to make informed choices.

The appointments follow the earlier announcements of Sir Hector Sants as Chair of the SFGB, John Govett as CEO, and Ann Harris and Mike Dailly as non-executive directors. Sir Hector Sants said:

I am delighted to welcome Elaine, Moray and Tim to the SFGB Board. With their appointment we have the requisite board skills and a good blend of continuity and fresh perspectives for the initial phase of setting up the new organisation.

The SFGB will:

- provide information and guidance on occupational and personal pensions
- provide information and guidance designed to give people a better understanding and knowledge of financial matters and improve their ability to manage their own financial affairs
- provide people in England with information and advice on debt
- work with government and the Financial Conduct Authority to help consumers protect their money
- work with the financial services industry, devolved authorities and the public and voluntary sectors to develop a national strategy to improve people's financial capability and ability to manage debt, and to give children and young people financial education

Tim Jones

A financial services executive with experience spanning payment systems, retail banking, pensions and institutional stockbroking. Tim Jones is currently Global Ambassador for the Tibado digital cash solution, and serves as an Independent Director at ITG Inc., an institutional broker-dealer in New York. From 2007 until 2015, he was CEO of The Personal Accounts Delivery Authority (PADA) and then the National Employment Savings Trust (NEST) for the Department of Work and Pensions. Earlier in his career, Tim Jones spent 17 years at NatWest Bank.

Professor Elaine Kempson

Emeritus Professor at the University of Bristol, Professor Elaine Kempson has nearly 30 years' experience of research and policy analysis on consumer behaviour and the provision of both government and commercial financial services. She was previously a consultant with both the World Bank and the OECD, and carried out the first two independent reviews of the Banking Codes. Professor Elaine Kempson is currently a non-executive director of the Lending Standards Board and the Standard Life Foundation, and a member of the Money Advice Service Financial Capability Strategy Board.

Moray McDonald

MD Products with RBS since 2014, Moray McDonald has commercial and risk accountability for personal products across NatWest, Royal Bank of Scotland, Ulster Bank, Coutts and RBS International, as well as for Remediation and Financial Crime. Moray McDonald is also a member of Personal and Business Banking Exco and Risk Committees and is the chair of Commercial Exco. He also represents the bank externally working with government, analysts, trade associations and consumer organisations. Prior to joining RBS, Moray McDonald spent 25 years in Banking, Finance Companies and Integration in Australia and Europe.

Follow DWP on:

[News story: Maximising Human Performance – Market Exploration](#)

The Defence and Security Accelerator (DASA) and the Defence Science and Technology Laboratory (Dstl) are scoping the potential for an innovation challenge in maximising human performance, for the Ministry of Defence's Future Workforce and Human Performance Programme. To aid in the design of the potential challenge we are undertaking market engagement to provide us with an understanding of capabilities that currently exist or innovative ideas

which could potentially address this challenge. This request for information is not a commitment to subsequently launch a formal DASA competition.

Background

Dstl is seeking to research and develop new and innovative techniques to safely enhance performance of human operators. This research will investigate factors which limit or degrade the effectiveness of the operator, whilst delivering evidence-based guidance to sustain, enhance or augment their physical and/or cognitive performance at times of operational imperative. These techniques will be exploited directly in support of the UK's defence and security operations maximising the effectiveness of UK Government's investment in its personnel.

Challenge Areas

Solutions will support personnel during training and operations, in preparation for rapid reaction response or for deployment on long duration, complex operations to a variety of different challenging environments. There are five challenge areas where we're looking for innovative capabilities to sustain, enhance or augment cognitive and/or physical performance:

1. Novel methods and interventions to optimise performance of people undertaking prolonged complex work (work that involves sustaining performance over long periods of time, weeks/months and possible cumulative effects). Work under this challenge could include, but is not limited to, research into the following areas: optimising sleep quality through the use of novel techniques/technologies, investigating new methods of improving performance when operating under sleep disrupted conditions, looking at novel approaches to maintaining alertness/countering fatigue, improving the quality of rest, enhancing speed of recovery/regeneration and enabling relaxation during any 'down' time. We are not looking for advice on sleep hygiene or how to manage jet lag; we want to see truly novel investigations into new techniques, tools, technologies and approaches in this area.
2. The role of nutrition for enhancing performance. Work under this challenge could include, but is not limited to, research into the following areas: novel nutritional supplementation as an ergogenic aid – investigating novel supplements which might enhance physical and/or cognitive performance during long duration training and operations. Submissions should be based on a sound scientific understanding of the basis of the potential effects (for example, understanding of the metabolism or neuroscience) and the ability to scientifically investigate any nutritional intervention.
3. Novel strategies to sustain or improve performance of complex cognitive tasks and ways to mitigate potential overload (investigating factors that can impact on performance of a complex cognitive task during a

single 'shift'). Work under this challenge could include, but is not limited to, research into the following areas: investigating training methods that help personnel manage multiple diverse sources of information and assist decision-making, methods, tools or techniques to manage physical and cognitive fatigue that results from time on task, and maintain/improve performance during long shifts. We would also like to see ideas for research which aims to advance our ability to identify times when personnel are likely to become cognitively 'overloaded'. For example, research in this area might look at ways to measure cognitive 'load', improving our understanding of the links between cognitive performance, cognitive fatigue and workload and methods of measuring all of the above without interrupting a task.

4. Novel techniques to enhance human cognitive performance. Novel interventions for improving cognitive performance are in development, however, these interventions often lack the evidence base to be able to support their use, or they have an existing evidence base which doesn't go far enough from the point of view of defence and security. For example, a training intervention may have good evidence that it improves performance in a well-structured scenario, such as a set piece in sport, however, the evidence base doesn't exist to demonstrate that the intervention will translate into an improvement in performance in a complex operational situation, or that it could be widely applied to a broad spectrum of users with differing cognitive abilities. Work under this challenge should aim to address these types of issues and develop the evidence base needed to either support (or dismiss) existing and novel interventions.
5. Novel ways to optimise training and enhance readiness for deployment. Work under this challenge could include, but is not limited to, research into the following areas: the use of novel ergogenic aids, ways to make novel methods of training more accessible to defence and security trainers. The aim is to enhance cognitive and physical readiness to deploy and maintain performance on deployment.

Any future challenge end goal is to ensure the Ministry of Defence has the most powerful capabilities available to enhance the physical and cognitive performance of personnel. The aim is to provide a toolkit of techniques, demonstrated to be effective, to apply during complex training and operations, leading to improved overall system performance and mitigation of information and physical overload.

What we want

We are interested in innovative capabilities and ideas that aim to address one or more of the five challenge areas, at any level of maturity. Submissions should be provided by teams with the experience and knowledge necessary to establish sound scientific evidence for any potential technology or intervention. By completing the Capability Submission Form neither the

Government nor yourselves are committing to anything, but your submissions will be used to help the Government focus the direction of the work and shape the requirements for a possible themed call in this area in the future.

What we don't want

We are not interested in receiving ideas for literature reviews, plans for paper-based studies or marginal improvements to existing capabilities. This is not a competition and therefore we are not asking for costed proposals at this stage. This is a market engagement request for information exercise and we do not commit to subsequently launch a formal DASA competition.

How to submit a Capability Submission Form

Complete the attached one page form (noting the word limits) and then email it to accelerator@dstl.gov.uk by 16 November 2018 with Maximising Human Performance in the subject line.

Please only provide details of one product/capability per form. If you have a number of potential solutions then please submit multiple forms.

If you have any questions then please email accelerator@dstl.gov.uk with Maximising Human Performance in the subject line.

How we use your Information

Information you provide to us in a Capability Submission Form, that is not already available to us from other sources, will be handled in-confidence. By submitting a Capability Submission Form you are giving us permission to keep and use the information for our internal purposes, and to provide the information onwards, in-confidence, within UK Government. The Defence and Security Accelerator will not use or disclose the information for any other purpose, without first requesting permission to do so.

[Press release: Highways England working in tandem with Sustrans to help cyclists](#)

To help cyclists and walkers navigate its road network the company is working closely with Sustrans to help provide safer crossings and connect cycle schemes on England's busiest roads with the charity's 16,505 mile National Cycle Network.

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This network criss-crosses the country, linking villages, towns and cities – and with 4.4 million people using it every year for commuting and leisure, the partnership will benefit cyclists up and down the country

Working with the charity is just one of the ways Highways England is making it easier for people of all ages and abilities to cycle and walk across and alongside its roads.

Highways England Head of Road Safety Richard Leonard said:

We want to make cycling and walking safer and easier – not merely locally, but across the country as a whole.

The National Cycle Network is a great initiative, and this project is a great example of how people can be encouraged to cycle and walk more – with obvious benefits to their health, safety and the wider environment.

The Department for Transport also recently awarded £1 million in funding to support projects repairing and upgrading sections of this popular network. Our overall plans to increase cycling and walking are set out in the 2017 Cycling and Walking Investment Strategy

Sustrans have identified a long list of opportunities and will be working together with Highways England to create a shortlist of schemes which can be quickly taken forward.

Anita Konrad, Sustrans' National Director, England said:

We are delighted to be partnering with Highways England and welcome this investment that will make it easier for more people to cycle to work, the shops and for leisure.

Cycling and walking for local journeys is part of the solution to many of the challenges we face today, including road congestion, air pollution and high levels of inactivity. The schemes demonstrate how – with some practical design solutions and minimal interventions – we can address these challenges, and that retrofitting cycling provision can be done easily.

We hope to build on this partnership with Highways England, to make cycling safer, more attractive and easier for everyone, regardless of age and abilities.

Highways England has a £100 million dedicated cycling fund to provide improvements and new facilities which make it safer and easier to negotiate its roads. So far 80 new schemes have been built and 286 crossings have been improved, meaning it is now far easier than it was for cyclists to cross over motorways and major A roads.

People cycling or walking on the National Cycle Network linking London Stansted Airport with communities across Essex are already benefitting from £800,000 of improvements provided by this special fund. Cyclists can enjoy a safe and scenic route across the busy M11 motorway thanks to the Highways England project to restore the one mile route between Birchanger village and the airport.

Previously, people commuting on bikes to and from the airport were having to navigate the tricky junction 8 of the M11, and were often put off using what was little more than a dirt track. Resurfacing sections of the path, putting up new signs, and clearing overhanging vegetation has provided an attractive, traffic-free way to commute to the airport.

Some 200 schemes, worth £100m, will be on the ground by 2020/21. Over the past three years, 80 schemes have been built and a further 30 are due to be completed by spring 2019.

Another scheme completed this year is at a busy junction near Ellesmere Port in Cheshire. A £1.1 million scheme has created a new 320 metre cycleway through the Two Mills junction, which is used by more than 37,000 vehicles every day.

The A540, which runs between Chester and Hoylake, is popular with cyclists and the new path, which is shared by cyclists and pedestrians, runs along the southbound A540. The route crosses two new islands on the A550 at the Two Mills junction before continuing along the A540. New traffic lights and crossings also make it easier to cross the A550 and a new high-friction road surface has been laid to reduce the risk of collisions.

Highways England published its [Cycling and Accessibility Strategy](#) in 2016, and has recently published an [annual report](#) detailing the progress made so far. This includes integrating cycling and accessibility needs in the early stages of scheme design and working closely with key stakeholders to deliver schemes which suit the needs of communities..

Designated funds

Highways England is working to achieve a target to deliver 150 cycling schemes by the end of Road Investment Period (2015-2020), and 200 cycling schemes by 2020/21 after the government set up the £100 million dedicated fund for cycling in its Road Investment Strategy. This £100 million fund forms part of the £250 million designated fund for Cycling, Safety and Integration.

Designated funds are a series of ring fenced funds designated to Highways England by the Department for Transport to address a range of issues beyond

the traditional focus of road investment.

There are 5 designated funds:

- environment – £300 million
- cycling, safety and Integration (CSI) – £250 million
- air quality – £100 million
- innovation – £150 million
- growth and housing – £100 million

More information about [Highways England's designated funds](#)

General enquiries

Members of the public should contact the Highways England customer contact centre on 0300 123 5000.

Media enquiries

Journalists should contact the Highways England press office on 0844 693 1448 and use the menu to speak to the most appropriate press officer.