

NHSCBA/19/07/12/04

BOARD PAPER - NHS COMMISSIONING BOARD AUTHORITY (NHS CBA)

Title: The Mandate

Clearance: Bill McCarthy, National Director: Policy

Purpose of Paper:

- to invite an assessment of the draft mandate that has recently been published for consultation, and consider how the NHS Commissioning Board Authority (NHS CBA) should engage with and respond to the consultation process.

Key Issues and Recommendations:

How to engage with the mandate consultation, including our formal response.

Actions Required by Board Members:

- to note the publication of the draft mandate; and
- proposals for the NHS CBA to engage with and respond to the consultation.

To consider the following question:

- to what extent do you think the draft mandate delivers on the board's ambition that the mandate should enable local clinical leadership and innovation to thrive?

The Mandate

Introduction

1. The draft mandate to the NHS Commissioning Board (NHS CB) was published on 4 July, under the title *Developing our NHS care objectives - A consultation on the draft mandate to the NHS Commissioning Board*. The final mandate will set the objectives that the NHS CB must seek to achieve. The NHS Commissioning Board Authority (NHS CBA) now needs to consider its position on the Government's draft and how to respond to the consultation, which closes on 26 September.

How to assess the draft

2. In April the board agreed that the mandate needs to leave space for local clinical leadership and innovation to thrive. In order to achieve this, the board agreed that content should be:
 - outcomes-focused – to give clinical leaders in the NHS CB and Clinical Commissioning Groups (CCGs) the freedom they need to deliver, in line with the NHS Outcomes Framework, NHS Constitution, legal duties, and the five lenses;
 - evidence-based – to avoid potentially wasted effort;
 - deliverable – to ensure the objectives balance the resources available; and
 - resilient to events – to ensure the mandate gives the NHS CB and CCGs the greatest ability to plan for the medium term.

For discussion: To what extent do you think the draft mandate delivers on the board's ambition that the mandate should enable local clinical leadership and innovation to thrive?

The NHS CBA's broad involvement in the consultation process

3. The formal consultation process began on 4 July and closes on 26 September. The consultation documents are at annex 2. The NHS CBA responded by issuing a brief statement from the Chair setting out our broad principles for assessing the mandate (see annex 1).
4. Our intention is to initially focus on publicly reinforcing our core messages to stakeholders, to inform the way the debate on the mandate progresses. Our core messages for discussion on the mandate will be built around the following themes:
 - the key point is allowing headroom for CCGs, as our Chair made clear at the NHS Confederation conference;
 - the best way to deliver improvement is to ensure the mandate focuses on

improving outcomes for patients, rather than meeting a range of narrow targets;

- the NHS CB intends to give CCGs freedom to innovate, which we can only do if the Government allows us that freedom; and
- the NHS CBA will respond formally to the consultation in due course.

5. Should controversy emerge from any of the issues in the proposed mandate we will consider asking our senior clinicians to represent the NHS CBA view, and provide reassurances about the NHS CBA's intentions as needed.

The NHS CBA's formal written response

6. The NHS CBA is the only body the Government is legally required to consult on the first mandate, and we will be expected to make a formal written response to the consultation. Whatever way we approach our formal written response, we propose to work closely with the Department of Health (DH) and other partners over the summer to improve the draft.

Preparing for implementation

7. The draft mandate gives us a useful indication of what is going to be required of the NHS CB in 2013/14. The draft will inform the development of planning and support materials for 2013/14. This includes the CCG planning guidance, which will be further developed and then published following receipt of the final mandate. The board will receive advice on how the NHS CB should seek to implement the mandate as part of our preparations for the NHS CB to deliver its full programme of deliverables (including those contained within the mandate, legislative requirements, the NHS Constitution and our own derived objectives).

Conclusion

The board is asked to note:

- the publication of the draft mandate; and
- proposals for the NHS CBA to engage with and respond to the consultation.

The board is asked to consider the following question:

- to what extent do you think the draft mandate delivers on the board's ambition that the mandate should enable local clinical leadership and innovation to thrive?

Bill McCarthy
National Director: Policy
July 2012

Annex 1 – Malcolm Grant’s statement on publication of the mandate

“For the first time the Government is setting out for public consultation, in this single statement, the improvements in health outcomes for the people of England that it expects the NHS to deliver in the coming years. In focusing explicitly on outcomes - such as reductions in premature deaths, and improving the experience of patients - rather than on processes and operational targets, it kicks off a fresh approach that has the potential to truly liberate the NHS. The idea is to give clinical leaders the freedom to innovate rather than tying them to centrally determined processes and subjecting them to detailed day to day political control.

“Hence the Department of Health’s consultation on the mandate provides an important opportunity for all those who share this determination to focus on real improvements in health outcomes to influence the way the future NHS operates in order to bring this about.

“I am convinced that the best way to do this is to keep the mandate focused on improving overall outcomes for patients, rather than clogging it up with a range of narrowly conceived targets. That would work in the opposite direction by stifling the very freedom and innovation that is essential for clinically-led future change that puts the patient at the centre of the system.

“That is the fundamental test against which we will be assessing the draft mandate, and we would encourage others to do the same.”