

BOARD PAPER - NHS ENGLAND

Title: Government consultation on the Mandate

Clearance: Bill McCarthy, National Director: Policy

Purpose of paper:

The Government mandate to NHS England is due to be refreshed for 2014-2015. The Department of Health (DH) launched a consultation on the changes to the mandate on 5 July and plans to publish the revised mandate in October. The consultation document is provided at Annex A.

The purpose of this paper is to notify the Board of the consultation, and provide advice on the proposed changes.

Key issues and recommendations:

The paper provides an initial assessment of the proposed amendments set out in the consultation document, focusing on:

- The scope and volume of the changes, and the extent to which these relate to process rather than outcomes
- The affordability of the proposals

Actions required by Board Members:

- Board members are asked to note the process for refreshing the mandate, and provide views on the consultation document.

Mandate Refresh for 2014-2015

Purpose

1. The mandate was published in November 2012 and sets the objectives for NHS England for the period April 2013 to March 2015. The Government recently began a consultation on the proposed changes for the financial year 2014-15 and plans to publish the refreshed mandate in October. The consultation document is attached at Annex A.
2. The purpose of this paper is to provide an overview of the changes proposed in the document.

The role of the mandate

3. The mandate sets out how NHS England will be accountable to parliament and the public. It sets objectives for a multi-year period in order to provide constancy of purpose as well as the space and stability for local commissioners to plan effectively.
4. Our view is that the mandate should be strategic and outcomes focused to provide the headroom for commissioners to operationalise the objectives in a way that makes sense locally. We also believe that changes as part of the refresh should be kept to a minimum in order to maximise stability and allow commissioners to plan on a multi-year basis and that changes should adhere to the following four principles:
 - outcomes-focused
 - evidence-based
 - deliverable and affordable
 - resilient to events

Proposed changes

5. The consultation document proposes only one entirely **new objective**, which is for NHS England to take forward “commitments in response to the Francis report, and as part of *Patients First and Foremost*, working closely with CCGs and others to implement both the substance and the spirit of the system wide response”. As set out in our business plan, NHS England is fully committed to playing its part in the implementation of these commitments.

6. There are, however, a significant number of proposed **updates and additions to existing objectives** which will increase the requirements on the system. There are two overarching issues relating to the consultation document as it stands which the Board may want to reflect in its formal response to the consultation:

The volume of changes and capacity of the system to deliver

7. There are 20 proposed updates and amendments, the large majority of which are over and above the objectives set in last year's mandate. Our view is that these will place additional burden on the system.
8. Many of these amendments relate to specific actions or processes that NHS England or the wider NHS is required to put in place. In a number of areas, the document moves into the territory of 'how' the NHS should deliver rather than focusing on the more strategic question of what outcomes it should achieve.
9. Our view is that there is a risk that this additional burden on the health system and focus on process measures will reduce the ability of its local clinical leaders and health and wellbeing partners to respond effectively to the health outcomes and inequalities that are most important locally.

Affordability

10. The additional proposals set out in the consultation document will inevitably impose an additional financial pressure on the NHS. The context for this is very challenging – the NHS England budget has not been formally set for 2014-2015, but the current mandate was set on an assumed level of funding uplift for 2014-2015. It is very unlikely that there will be any additional funding above the level already committed under the current mandate and it is therefore NHS England Finance team's view that new proposals need to be cost neutral.
11. Our assessment is that many of the amendments will also have recurrent costs which move into 2015-2016 and beyond. As set out in the Government's recent spending review announcements, the financial position in 2015-2016 is very challenging and these proposed changes will add to the pressure.
12. At the time of writing we have not received a full financial analysis of these proposals from the Department of Health. The consultation document states that *'where there are additional cost implications as a result of the proposals, the Government will need to consider how these can be managed within existing resources by adapting existing priorities'*. It is

unlikely however that this prioritisation will lead to a reduction or removal of any of the other objectives in the mandate.

13. We have raised these issues with the Department of Health and will continue to work with them on the financial analysis during the consultation period.

Conclusion and next steps

14. The Board are asked to note the process to refresh the mandate and provide views on the consultation document.
15. We will respond formally to the consultation at a later date, and will use this Board discussion as a basis for the response. We will share the draft response with the Board for sign off.

Bill McCarthy

National Director: Policy

July 2013



Department
of Health

Refreshing the Mandate to NHS England: 2014 - 2015

Consultation

July 2013

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1. Refreshing the Mandate

1. The Mandate to NHS England¹ sets the Government's ambitions for the NHS, as well as the funding available to achieve and deliver the kind of care people need and expect. It is how the NHS is accountable to Parliament, and therefore the public.
2. The first Mandate² to NHS England set objectives from April 2013 to March 2015 to provide greater stability for the NHS to plan ahead. It was drawn up following consultation with the public, health professionals and key organisations across the health and care system over the summer of 2012. It brings together the NHS Outcomes Framework³ and commitments in the NHS Constitution⁴, and challenges NHS England to deliver the best possible care and treatment for all. The current Mandate sets 24 objectives and the following five priority areas identified by the Government:
 - i. Improving standards of care and not just treatment, especially for older people and at the end of people's lives
 - ii. The diagnosis, treatment and care of people with dementia
 - iii. Supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology, and delivering a service that values mental and physical health equally
 - iv. Preventing premature deaths from the biggest killers
 - v. Furthering economic growth, including supporting people with health conditions to remain in or find work
3. Every year, the Secretary of State must publish a mandate to ensure that NHS England's objectives remain up to date and relevant following consultation.⁵ In doing so, the Government is committed to providing constancy of purpose to enable the NHS to plan ahead.

¹ Legally known as the National Health Service Commissioning Board

² *The Mandate: A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015*
<https://www.gov.uk/government/publications/the-nhs-mandate>

³ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

⁴ <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

⁵ In accordance with section 13A(1) of the National Health Service Act 2006

Assessing progress

4. The current Mandate sets an ambitious agenda for two years. It demands a new type of leadership from the Government and NHS England to deliver this. Only by promoting and strengthening the autonomy of local organisations, clinicians, nurses and other frontline professionals to improve and innovate, can the NHS achieve the best health and care outcomes in the world. The Government expects NHS England to demonstrate significant progress against all the objectives by March 2015 and we will hold them to account for doing so, including the areas where the Government is expecting particular progress to be made.
5. The Government is keeping progress under review through regular meetings with NHS England. To support openness and transparency, the Government will publish progress updates throughout the year on NHS England's performance against the objectives set in the Mandate.
6. In assessing NHS England's progress, success will be measured not only by the average level of improvement, but also by progress in reducing health inequalities and unjustified variation.
7. NHS England have published a business plan, setting out how they intend to deliver the objectives in the Mandate and the Government will assure itself of progress against the actions they have set out:
<http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>
8. Every year, NHS England must report on progress and the Government will publish an annual assessment of their performance. Whilst the Government recognises that 2013 is a transition year, we fully expect NHS England to make progress this year. To ensure the assessment is fair, the Government will invite feedback from clinical commissioning groups (CCGs), local councils, patients and any other people and organisations that have a view, so that successes are recognised and areas for improvement can be identified and acted upon.

Updating the Mandate

9. A core aim of the Mandate is to provide constancy of purpose by setting the strategic direction for NHS England. The Government is therefore proposing to carry forward all of the existing objectives in the current Mandate. However, the scale of the challenge facing the NHS and wider health and care system is becoming increasingly clear. In addition, new developments and evidence have come to light since the publication of the Mandate in November 2012, which call on the Government and NHS England to act, in particular:

- After the Government published the current Mandate, Robert Francis QC published his report and recommendations from the Mid-Staffordshire NHS Foundation Trust Public Inquiry. The appalling care that was exposed by both Francis inquires and the abuse at Winterbourne View, are failings of the NHS which the Government and the wider health and care system must learn from. The refreshed Mandate proposes to reflect the recommendations to transform patient care and safety over the coming year.
- The NHS must respond to these challenges at a time of significant pressure on public finances. The recent spending round re-affirmed the Government's commitment to protecting funding for healthcare, it also demonstrates the scale of the ongoing financial challenge the NHS faces in continuing to meet demand and improve services within available resources. The Government is proposing that the Mandate will set our expectations for NHS England, as a leader of the health system, to lead the way in making the best use of resources and contributing to the growth of the economy. This includes working with social care and other key partners to drive better integration of care across different services so that taxpayer's money is spent effectively.
- The unprecedented pressures on Accident and Emergency (A&E) services have posed a significant test to the NHS. Plans are now being put in place by NHS England to manage such demand more effectively.⁶ It is important that the NHS and maintains performance

⁶ <http://www.england.nhs.uk/2013/05/09/sup-plan/>

standards for this coming winter and beyond. However, demands on A&E are symptomatic of longer-term pressures on the NHS. Too many people are not getting the support they need to stay healthy creating pressures on existing services. To help address these challenges, the Department of Health is working with NHS England to develop a vulnerable older people's plan, which will explore how the NHS can improve out-of-hospital care. This work is considering the pivotal role that general practice plays within communities, along with how to improve urgent and emergency care, and how to remove the barriers to integration. The Government is proposing to use the refreshed Mandate to set out its ambitions for this plan.

10. By refreshing the Mandate, our aim is to provide the stability needed for NHS England to make measurable progress towards improving health and care outcomes. Where the Government is proposing to make changes, these are considered essential and are intended to provide the clarity and focus NHS England need to deliver the improvements in people's care. Where there are additional cost implications as a result of the proposals, the Government will need to consider how these can be managed within existing resources by adapting existing priorities.

Have your say

11. The Government wants to listen to your views. This consultation document sets out proposed changes to the current objectives. To help you understand the proposed changes to the objectives, this consultation document should be read together with the current Mandate which has been published as a separate annex alongside the consultation document. It can be accessed electronically via:

<https://www.gov.uk/government/publications/the-nhs-mandate>

12. Alongside the Mandate refresh, the Government is proposing to update the NHS Outcomes Framework to reflect progress made in developing the placeholder outcome indicators. These will be published in the autumn.
13. The Government welcomes your views on the consultation questions we have set out throughout this document. The questions are summarised in section 4.

14. You can find out more and respond to this consultation at:

<https://www.gov.uk/government/consultations/refreshing-the-nhs-mandate>.

You can contact us via: mandate-team@dh.gsi.gov.uk.

15. Please respond by Friday 27 September 2013.

Question 1: What views do you have on the proposed approach to refreshing the Mandate?

Question 2: What views do you have on assessing NHS England's progress to date against the objectives?

2. Delivering improvement

Helping people live well for longer

16. Too many lives are cut short by causes which could be prevented or avoided. In recognition of this, the current Mandate sets NHS England the objective to make measurable progress towards England becoming one of the most successful countries in Europe at preventing premature deaths by 2016 (see current Mandate paragraph 1.2). In pursuit of this goal, the Secretary of State for Health in March this year, challenged the whole of the health system to work together to avoid an additional 30,000 premature deaths per year by 2020, primarily by tackling the five big killers but also childhood mortality.⁷
- 17. The Government therefore proposes to update the current objective to challenge NHS England to make measurable progress towards avoiding at least 10,000 excess deaths per year by 2018, through healthcare interventions, as part of their contribution to the new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020.**
18. It is envisaged that considerable progress could be made by NHS England working with CCGs to implement recommendations from existing strategies, such as the Cancer Outcomes Strategy and the Cardiovascular Disease Outcomes Strategy, as well as supporting Public Health England with the full roll out of the Bowel Scope Screening programme by 2016. Progress is also expected from reducing excess mortality in people with mental health problems and from suicide.
19. By supporting prevention services and earlier diagnosis of illness, through general practice and the wider primary care team, the Government expects significant progress can be made to avoid premature deaths. This includes working with Public Health England to tackle the growing problem of obesity which is linked to increasing levels of diabetes.

⁷ Living Well for Longer: A call to action to reduce avoidable premature mortality: 5 March 2013

Question 3: *What views do you have on the proposal to help people live well for longer?*

Managing ongoing physical and mental health conditions

20. The current Mandate sets the objective for NHS England ‘*to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive*’ (see current Mandate paragraph 2.3).
21. To achieve this goal, services must be able to respond to new and emerging challenges such as the recent unprecedented pressures on A&E. Long waiting times in A&E departments can compromise patient safety and reduce clinical effectiveness. This is unacceptable – the NHS must be able to maintain performance standards when under pressure. Plans are now in place to meet the short-term pressures and strengthen A&E services so a repeat of last winter is avoided. NHS England will also reflect on their review of the roll out of the new 111 phone line for non-emergency care to strengthen this service.
- 22. The Government proposes using the refreshed Mandate to reflect the specifics of the plans to strengthen A&E services.**

Question 4: *What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?*

23. In tackling the issues which an ageing society presents, we need to confront the growing problem of dementia. The Prime Minister’s Challenge on Dementia has shown how dementia is affecting the lives of people with the condition. In response, the current Mandate sets the objective to make measurable progress towards making the diagnosis, treatment and care for people with dementia, including support for carers, among the best in Europe by March 2015 (see current Mandate paragraph 2.11).
- 24. The Government proposes updating this objective to reflect the ambition agreed by NHS England that by 2015 two-thirds of the estimated number of people with dementia in England should have a diagnosis, with appropriate post-diagnosis support.**

Question 5: *What views do you have on the proposal to reflect NHS England's ambition to diagnose and support two-thirds of the estimated number of people with dementia in England?*

Helping people to recover from episodes of ill health or following injury

25. To ensure mental health is given the same priority afforded to physical health, the current Mandate set the objective '*to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole*' (see current Mandate paragraph 3.5). The Government expects to see improvements in the full range of mental health services for children and adults.
26. Since publication of current Mandate, it has become even more evident that there is a particular challenge around mental health crisis intervention. Often services are disjointed and we have continued to hear reports of people with acute mental health problems inappropriately spending a night in a police cell rather than getting the support and treatment they need in an appropriate setting. The Royal College of Psychiatrists' and the Independent Commission on Mental Health and Policing reports have echoed this.^{8 9 10}
- 27. The Government therefore proposes to add to the current objective by asking NHS England to:**
- **ensure acute and emergency care for people in mental health crisis is as accessible and high-quality as for physical health emergencies. This will include close cooperation with A&E services as well as working with the police and other key partners to ensure people get the care they need in the most appropriate setting;**
 - **ensure that there is adequate liaison psychiatry services to support effective crisis care.**

⁸ Whole-person care: From Rhetoric to Reality - Achieving parity between mental and physical health – published March 2013

<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/op/op88.aspx>

⁹ Published May 2013 <http://www.wazoku.com/independent-commission-on-mental-health-and-policing-report/>

¹⁰ Published June 2013 <http://www.hmic.gov.uk/publication/a-criminal-use-of-police-cells/>

Question 6: *What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?*

28. The annual cost to the country of absence from work due to ill-health is estimated to be over £100bn.¹¹ We must do more to reduce this impact on business whilst improving people's lives. In the last three years, the Improving Access to Psychological Therapies (IAPT) programme has helped more than 45,000 people to come off sick pay and benefits. IAPT has wider benefits and supports other services such as health visiting. To support people with mental health problems gain and remain in employment, they need timely access to services. In the current Mandate, NHS England has been asked to comprehensively identify levels of access to and waiting times for children's and adult mental health services so the necessary improvements can be made (see current Mandate paragraph 4.15).

29. **In proposing to update the current objective, the Government is proposing to ask NHS England to take the following action:**

- **to work with the Department and other stakeholders to develop a range of costed options for funding and implementing new access and / or waiting time standards for mental health services by the end of March 2015, and be prepared and committed to introducing those standards as they are agreed - to be announced before the end of March 2015;**
- **to continue to extend and offer more open access to IAPT including, particularly for children and adults of working age, planning for country wide service transformation.**

Question 7: *What views do you have on the proposals to ask NHS England to take forward action around new access and / or waiting time standards for mental health services and IAPT services?*

¹¹ Working for a Healthier Tomorrow (2008)

<http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

Making sure people experience better care

30. People rightly expect the NHS to provide consistently safe and high quality service. Whilst the recent unprecedented pressures on A&E can in part be explained by the harsh winter, they are symptomatic of longer-term pressures on the NHS, driven by increasing life expectancy and increasingly complex medical conditions. Too often, it is vulnerable older people for whom the NHS is not providing effective services, with confusion and fragmentation over how care is provided. Our ambition is for improved health for the whole population, and providing excellent care for vulnerable older people, will help us get care right for everyone.

31. The Government has announced its intention to publish a plan for vulnerable older people in autumn 2013. It will set out our expectations for primary care, urgent and emergency care, and for the integration of services for the benefit of everyone. The Department of Health and NHS England will seek views on how to achieve this ambition over the summer. The initial proposals for the priority areas for action are:

- **Better early diagnosis and support to stay healthy** – The ambition is to strengthen the GPs' role in supporting people to stay healthy, taking a proactive role in managing the health of their local populations. This management would involve identifying the people most at risk in the communities they serve and ensuring fast access to specialist care, but also supporting people to better manage their own care.
- **Named accountable clinician** – giving patients more control over their own care will require clearer roles and responsibilities for overseeing care outside hospitals, starting with vulnerable older people. The Government proposes that the most vulnerable elderly would benefit from having someone in primary care taking responsibility for ensuring that their care is coordinated and proactively managed. Just as patients in hospitals are under the care of a named consultant, we need to ensure that when a vulnerable older patient needs follow-up or ongoing support having left hospital, that somebody is accountable for their care. Although this clinician may not provide the care directly themselves, they would be the

person with whom the buck stops and would be an identifiable point of contact for a patient or their family.

- **Improved access** – we want to improve people’s access to primary care through new forms of provision including rapid walk-in access. New technologies such as e-consultations, telecare and web consultations offer new ways for people to connect with their GP and local services. We also want to make it easier for people to book appointments, for example online, as well as building on existing services and extended hours.
- **Consistent and safe out-of-hours services** – alongside improved access to GP services, we need consistent and safe urgent care services. People often need out-of-hours care but are unable to access support or know who to turn to for advice. We want better access for patients across primary care and hospital services, including 111 and emergency services.
- **Enhanced choice and control** – delivering our ambition will mean offering more choice and control to patients, carers and families. We will consider how the findings of the evaluation of the recent GP patient choice pilot can help extend choice more widely. To help exercise choice, people also need clear and accurate information about the quality and availability of services. The new Chief Inspector of General Practice will help bring greater transparency over the assessment of general practice. Feedback from patients is an important part of this. The ‘friends and family test’ will be introduced for general practice as part of the wider roll out for all services by end of December 2014. We will explore how we can go further in encouraging new provider models that will offer meaningful choice about the location and types of service people need, including choice of seeing your preferred GP or nurse. This includes having the option to speak with them over e-mail, telephone, video or face-to-face consultations.
- **Better information sharing** – people often require a range of services from the NHS and social care to help them live well and independently. People should not have to repeat their information. It should be shared between services and people providing the care in

a coordinated and timely way. We will explore how all clinicians and carers have access to the same information about patients regardless of setting. Better information sharing will also help people and carers to manage their own care more effectively.

32. Achieving this change would mean a stronger role for general practice, given the prominent role they play in communities and their local NHS. It will require placing general practice at the heart of out-of-hospital services, holding on to the strong relationships and values of the family doctor.
33. Improving primary care may require changes in the way services are currently commissioned and provided. Building on existing examples of innovation from general practice and wider community services, we want to stimulate new models of provision. We will be reviewing how to secure more integrated out-of-hospital care, which will involve existing commissioning bodies, NHS England and CCGs, working together to commission services collaboratively. We will also work with NHS England to explore opportunities through the CCG planning guidance and GP contracts to support integrated out-of-hospital care. The Government and NHS England will also need to work closely with Health Education England to identify how to support the workforce and encourage innovation.
34. Achieving our ambition for joined-up care is not just for general practice and will need to be considered alongside other out-of-hospital and hospital services. In particular, changes to general practice will need to build on the work of the NHS Medical Director's review of urgent and emergency care services to ensure that services are best equipped to meet modern demand and provide consistently high quality care to patients.
35. Finally, more flexible and joined up ways of working across health and care settings are needed. Too often there are real or perceived barriers to closer integration between services. We need to ensure that incentives between services providers are aligned, including removing particular barriers, for example, pricing and charging as well as using alternative models such as the year of care approach, competition and procurement. The integration pioneers provide the opportunity to test out these approaches, as part of a wider change to the way services are provided. We will also look at how we can encourage closer working between primary care and care homes.

36. The Government is proposing to use the refreshed Mandate to ask NHS England to reflect the ambitions of the vulnerable older people's plan, with an expectation of rapid progress from April 2014.

Question 8: *What views do you have on the ambitions and expectations for the vulnerable older people's plan?*

Question 9: *What views do you have on how we should achieve our ambitions on the vulnerable older people's plan, particularly on how to strengthen primary care?*

Question 10: *How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?*

37. Robert Francis QC made public the recommendations from the inquiry into the lessons from Mid-Staffordshire NHS Foundation Trust after the Government had published the current Mandate. In the refresh, the Government proposes to reflect the five point plan in *Patients First and Foremost*, as part of our ambition to improve the care that people receive from the NHS.¹²

38. In the *Statement of Common Purpose*, NHS England signed up along with all the key organisations in the healthcare system, to learn the lessons from Mid Staffordshire NHS Trust. This includes helping to build better care for every patient and do everything in their power to ensure it does not happen again. This must be a priority for NHS England, working with partners and CQC to ensure inspection, regulation and commissioning supports frontline staff in delivering consistently safe, effective and compassionate care in line with people's needs and wishes. To help drive up standards of care, the Government has committed to introducing a Chief Inspector of Hospitals and a Chief Inspector of Social Care. In addition to this, the Secretary of State for Health has announced a new post of Chief Inspector of General Practice.

¹² Patients First and Foremost: The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry – Published March 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf

39. **The Government is proposing a new objective for NHS England to meet their commitments in response to the Francis report, and as part of *Patients First and Foremost*, working closely with CCGs and others to implement both the substance and the spirit of the system wide response. This includes promoting and encouraging healthy open cultures, where staff are engaged and motivated to do the right thing.**
40. The shocking events that occurred at Winterbourne View hospital, as well as recent and on-going inquiries into cases of sexual violence and abuse of adults and children are an important reminder that the NHS, in partnership with local government, the police and other agencies, has responsibilities for vulnerable individuals and their safety right across the health and care system. This includes by identifying concerns, sharing information and taking prompt action.
41. **The current objective ‘to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism receive safe, appropriate, high quality care’, (see current Mandate paragraph 4.5). We propose to update this to reflect the actions which NHS England signed up to in the final report and concordat that was developed in response.**^{13 14}

Question 11: *What views do you have on updating the Mandate to reflect the Francis Inquiry and the review of Winterbourne View Hospital?*

42. A current objective for NHS England is to improve the way care is coordinated and delivered (see current Mandate paragraph 2.9). NHS England along with key partners across the health and care system are working together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integrated services for the benefit of patients, carers and local

¹³ Winterbourne View Review Concordat: Programme of Action – Published December 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

¹⁴ Transforming care: A national response to Winterbourne View Hospital. Department of Health: Final Report

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf

communities, consistent with the proposals in the vulnerable older people's plan.

43. At the Spending Round for 2015/16 the Government announced the creation of a £3.8bn pooled health and social care budget.¹⁵ The pool will make funding available to deliver integrated services between the NHS and local authorities more efficiently for those with complex needs based on local integrations plans which are being put in place by the end of 2013. Around half of the £1bn Payment by Results component of the pool will be dependent on performance for local areas in 2014/15. In addition, the transfer from the NHS to social care is being increased by £200m in 2014/15 to support this.
44. The Government therefore expects NHS England to support the development of integration plans in each local area in partnership with local authorities and local Health and Wellbeing Boards, with an ambition that each area moves to a wholly integrated approach to health and care by 2018.
45. **As such, the Government proposes to update the current objective to reflect *Integrated Care and Support: Our Shared Commitment*¹⁶ and the pooled health and social care budget announced at Spending Round 2013.**

Question 12: *What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?*

46. To achieve our vision for the NHS, the Government set NHS England the objective *'to improve standards of care and experience for women and families during pregnancy and in the early years for their children'* (see current Mandate paragraph 4.11). Our ambition is to give children the best start in life and promote their health and resilience as they grow up. Since the current Mandate was published, NHS England and the Government signed up to the pledges in *Better health outcomes for children and young*

¹⁵ Spending Round 2013 – published 26 June 2013

<https://www.gov.uk/government/topical-events/spending-round-2013>

¹⁶ Integrated Care and Support: Our Shared Commitment – Published 13 May 2013

<https://www.gov.uk/government/publications/integrated-care>

people.¹⁷ This seeks to improve physical and mental health outcomes for all children and young people including those with special educational needs. For NHS England this means:

- listening to and acting on what pregnant women, children, young people and their families say;
- working with partners to ensure better integrated, personalised maternity and child health services, delivered at the right time in the right place, with seamless support through key transition points from pregnancy through to adulthood;
- improving the quality of care and demonstrating improved outcomes for pregnant women, children, young people and their families.

47. Therefore the Government proposes to update the existing objective to reflect the pledges made by NHS England to work with others to improve support for children, particularly for those most in need.

Question 13: *What views do you have on updating the existing objective to reflect the pledges in Better health outcomes for children and young people?*

48. In the current Mandate, the Government set NHS England an objective to *'make rapid progress in measuring and understanding how people really feel about the care they receive and taking action to address poor performance'* (current Mandate paragraph 4.8). As part of this objective, NHS England was tasked with introducing the 'friends and family' test for patients across the country; starting with all acute hospital inpatients and A&E patients from April 2013 and for women who have used maternity services from October 2013.

49. The Government is proposing to update the Mandate with progress and update the objective to challenge NHS England to introduce the 'friends and family' test to:

- **general practice and community and mental health services by the end of December 2014;**
- **the rest of NHS funded services by the end of March 2015.**

¹⁷ Better health outcomes for children and young people – published 19th February 2013

<https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

Question 14: *What views do you have on updating the existing objective to reflect the challenge NHS England to introduce the ‘friends and family test’ to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?*

Providing safe care

50. Patient safety is critical to providing high quality care. It ranges from tackling the inappropriate use of antibiotics which are essential for managing infection to minimise antimicrobial resistance, to treating people with dignity and respect. NHS England should have stretching plans in place to significantly reduce the incidence of people catching infections, such as MRSA, whilst in hospital. This all forms part of the challenge in the objective to NHS England *‘to continue to reduce avoidable harm and make measurable progress by 2015 to embed a culture of patient safety in the NHS including through improved reporting of incidents’* (see current Mandate paragraph 5.3).
51. Following Robert Francis QC’s report, Professor Don Berwick, an international expert, has been asked to lead a national advisory group to review patient safety. The review will report in July on how best to quickly and efficiently ensure patient safety is an ever-present and constant feature in every NHS organisation and for every member of staff.
52. As part of the initial response to the Francis Inquiry, the Department of Health announced a review of complaints and how this information is shared and used to protect patients. It will report in the summer. The NHS Confederation is also undertaking a review of bureaucratic burdens on NHS providers so that clinicians, nurses and other health professionals can focus on delivering safe, effective and compassionate care. The Government will consider the review findings when it reports in full in September 2013.
- 53. In refreshing the Mandate, the Government will consider the findings carefully including where the Government can provide leadership and appropriate challenge to ensure that NHS England achieves the current objective. We are also proposing to take account of the**

recommendations of Dame Fiona Caldicott's Information Governance Review and the Government's response.

Question 15: *What views do you have on these proposals to improve patient safety?*

Transforming services

54. To achieve these priorities will mean changing the way the NHS thinks about and provides services to people, carers and families. NHS England has a crucial role as a system leader in setting the tone for the behaviours and change we want to see from the NHS. This includes promoting autonomy of organisations and professionals and supporting local innovation to flourish. NHS England also has an important role in making partnership with other organisations a success and contributing to the delivery of key Government priorities in recognition of the broader role of the NHS in society.
55. Providers of NHS services have an important role to play in helping NHS England to deliver the objectives in the Mandate. As part of the current objective for the NHS to become more responsive and innovative (see current Mandate paragraph 6.5), NHS England is working with Monitor to create a fair playing field for providers to ensure the best possible care is offered and provided by organisations of all sizes (including small and medium enterprises) and from all sectors. This includes major improvements in procurement by the NHS.
56. **Following the publication of the Fair Playing Field Review by Monitor, the Government proposes updating the objective for NHS England to work with Monitor to drive progress towards a fair playing field for the benefit of people receiving NHS care, including through setting clear expectations for commissioners on the approach to procuring services.**¹⁸

Question 16: *What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?*

¹⁸ Published 26th March 2013 <http://www.monitor-nhsft.gov.uk/fpfr>

57. To transform services, NHS England agreed to the delivery of pre-existing Government commitments that were not specifically mentioned in the Mandate itself, prior to its introduction in April 2013. This includes ensuring access to innovative radiotherapy from April 2013, where clinically appropriate, safe and cost-effective; and the commitment to an extra 4,200 health visitors by 2015 to support children and families.

58. The Government is proposing, as part of the refreshed Mandate, to explore where additional leadership is required to support NHS England in their delivery.

Question 17: *What views do you have on the proposal for Government to provide additional leadership on delivery of agreed pre-existing Government commitments?*

59. Technology has the potential to revolutionise the care and treatment people receive and the way patients interact with the NHS. The current Mandate sets NHS England the objective ‘*to achieve a significant increase in the use of technology to help people manage their health and care*’ (see current Mandate paragraph 2.6). As part of achieving this, people’s records should be linked in a secure way and with their consent within hospitals, between primary and secondary care, and between the NHS and wider care & support services.

60. In January 2013, the Secretary of State for Health, Jeremy Hunt, challenged the NHS to ‘go digital by 2018’. The Government wants to move to paperless referrals in the NHS so that patients and carers can easily book appointments in primary and secondary care and for people to benefit from electronic prescribing in primary and secondary care.¹⁹

61. The Government therefore proposes to update the existing technology objective to challenge NHS England to support the NHS to go digital by 2018.

Question 18: *What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?*

¹⁹ <http://systems.hscic.gov.uk/eps>

62. The current Mandate sets the objective ‘*to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. The Government wants a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services*’ (see current Mandate paragraph 3.3).

63. The Government proposes clarifying this objective to make more explicit the Government’s expectation that this must include reporting on the quality of services at GP practice level and also at the level of consultant-led teams for a number of specific specialties.

Question 19: *What views do you have on the proposal to be more explicit on the expectation around reporting?*

Supporting economic growth

64. In helping to secure the recovery of the economy, NHS England has to contribute to economic growth as part of its objectives in the current Mandate (see current Mandate paragraph 7.2). NHS England can make a significant contribution in a number of ways, for example, supporting services which get people back to work; through greater and more creative collaborations with healthcare partners in industry and academia; and helping to translate research findings into health and economic benefits. NHS England also has an important leadership role, such as continuing to support the Strategy for UK Life Sciences and Healthcare UK²⁰ and in spreading innovation throughout the NHS to improve outcomes for patients and deliver value for money in line with *Innovation, Health and Wealth*.²¹

65. In a digital age, Government expects NHS England, CCGs, other Arm’s Length Bodies and partners to maximise the opportunities technology presents, including anonymised health and care information, for the benefit of patients. This would help create an environment that supports economic growth, research and innovation. For example, genomics technology is recognised as one of the most important health care opportunities of modern times. It has the potential to revolutionise cancer treatments,

²⁰ <https://www.gov.uk/government/news/life-sciences-strategy-one-year-on>

²¹ <https://www.gov.uk/government/publications/creating-change-innovation-health-and-wealth-one-year-on>

improve early diagnosis of rare diseases and management of infectious diseases.

66. **The Government therefore proposes updating the objective (see current Mandate paragraph 7.2), by asking NHS England to:**

- **Support innovation by working with the Department of Health and others to help drive forward the Prime Minister’s initiative, announced in December 2012, to sequence 100,000 whole genomes over the next three to five years by supporting its implementation and delivery and by preparing the NHS for the adoption of genomic technologies.²²**

Question 20: *What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?*

Making better use of resources

67. At a time of significant pressure on public finances, it is crucial that NHS England makes every pound count towards providing high quality care. The Mandate currently sets an objective for NHS England *‘to ensure good financial management and unprecedented improvements in value for money across the NHS’* (see current Mandate paragraph 8.1).

68. The Government wants to make sure NHS money is spent on providing the best possible care. This requires NHS England to stamp out poor practice, eliminate waste and inefficiency and make the best use of clinical audit data, from both children and adults, to drive improvements in services.

69. As part of this, the Government feels that the current system for charging overseas visitors for NHS care does not work as well as it should and we want to change it to be more effective. Visitors and temporary migrants should make a fair contribution to any care they receive from the NHS. In particular, it is important to ensure that those who come to the UK with the intention of seeking free NHS treatment to which they are not entitled (often referred to as ‘health tourists’) are identified and charged. Currently the NHS does not do enough to recover these costs. It is important to

²² <https://www.gov.uk/government/news/dna-tests-to-revolutionise-fight-against-cancer-and-help-100000-nhs-patients>

service users and taxpayers that NHS England should have measures in place to ensure that they do. The Government and the NHS are looking into the scale of the problem, and we are consulting separately over the summer on a package of measures for a fair and transparent payment system for overseas visitors accessing the NHS.

- 70. Subject to the consultation and independent audit, the Government proposes updating the current objective so that it includes NHS England taking steps to ensure NHS organisations recover the costs they incur from overseas visitors where appropriate. The Government also proposes asking NHS England to take more effective action to reduce fraud and unlawful activity affecting the NHS.**

Question 21: What views do you have on the proposals to make better use of resources?

3. Getting involved

71. **This consultation will run from 5 July 2013 to 27 September 2013.**

72. You can find out more and respond to this consultation at:

<https://www.gov.uk/government/consultations/refreshing-the-nhs-mandate>.

You can contact us via: mandate-team@dh.gsi.gov.uk

Comments on the consultation process itself

73. If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact:

Consultations Coordinator

Department of Health

2e08, Quarry House

Leeds

LS2 7UE

e-mail: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

74. The Department will manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter²³.

75. Information the Department receives, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

76. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If the Department receives a request for disclosure of the

²³ <http://transparency.dh.gov.uk/dataprotection/information-charter/>

information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

77. The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

4. Consultation questions

- **Question 1:** What views do you have on the proposed approach to refreshing the Mandate?
- **Question 2:** What views do you have on assessing NHS England's progress to date against the objectives?

Helping people live well for longer

- **Question 3:** What views do you have on the proposal to help people live well for longer?

Managing ongoing physical and mental health conditions

- **Question 4:** What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?
- **Question 5:** What views do you have on the proposal to reflect NHS England's ambition to diagnose and support two-thirds of the estimated number of people with dementia in England?

Helping people recover from episodes of ill health or following injury

- **Question 6:** What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?
- **Question 7:** What views do you have on the proposals to ask NHS England to take forward action around new access and / or waiting time standards for mental health services and IAPT services?

Making sure people experience better care

- **Question 8:** What views do you have on the ambitions and expectations for the vulnerable older people's plan?
- **Question 9:** What views do you have on how we should achieve our ambitions on the vulnerable older people's plan, particularly on how to strengthen primary care?
- **Question 10:** How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?
- **Question 11:** What views do you have on updating the Mandate to reflect the Francis inquiry and the review of Winterbourne View Hospital?
- **Question 12:** What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?
- **Question 13:** What views do you have on updating the existing objective to reflect the pledges in *Better health outcomes for children and young people*?

- **Question 14:** What views do you have on updating the existing objective to reflect the challenge for NHS England to introduce the 'friends and family test' to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?

Providing safe care

- **Question 15:** What views do you have on these proposals to improve patient safety?

Transforming services

- **Question 16:** What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?
- **Question 17:** What views do you have on the proposal for Government to provide additional leadership on delivery of agreed Government pre-existing commitments?
- **Question 18:** What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?
- **Question 19:** What views do you have on the proposal to be more explicit on the expectation around reporting?

Supporting economic growth

- **Question 20:** What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?

Making better use of resources

- **Question 21:** What views do you have on the proposals to make better use of resources?

