Department of Health

Setting the Mandate to NHS England for 2016 to 2017

Government Response to the Consultation

December 2015

Title: Setting the Mandate to NHS England for 2016 to 2017 – Government Response to the Consultation
Author: Primary Medical Care and NHS Commissioning Policy Team, NHS Group (17185)
Document Purpose: Consultation Response
Publication date: December 2015
Target audience: This document is intended to update all those with an interest in the Government's response to the consultation regarding setting the mandate to NHS England for 2016 to 2017.
Contact details: Mandate Team mandate-team@dh.gsi.gov.uk Department of Health Richmond House 79 Whitehall London SW1A 2NS

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Setting the Mandate to NHS England for 2016 to 2017

Government Response to the Consultation

Prepared by the Primary Medical Care and Commissioning Policy Team

Contents

Introduction

On 29 October 2015, the Government launched a consultation on the mandate to NHS England for 2016 to 2017. This document sets out the main issues raised by those who responded, the government response to that, and the changes that we have made to the mandate as a result.

NHS England is responsible for arranging the provision of health services in England.[1] The mandate to NHS England sets the Government's objectives for NHS England, as well as its budget. In doing so the mandate sets direction for the NHS and helps ensure that the NHS is accountable to Parliament and the public.

Following the Government's Spending Review, which was announced on 25 November and sets out the Government's spending plans until 2020 we have published a new mandate to take effect from April 2016. The mandate takes account of responses to the consultation from members of the public, patients and service users, their friends, relatives and carers, NHS staff and other groups including charities, patient groups, bodies representing industry and healthcare professions, trade unions, industry partners, academic bodies and NHS organisations including providers, Healthwatch England and local Healthwatch bodies. This document summarises who responded to the consultation and the key themes and concerns raised. We respond to those concerns and set out how we have changed the final, published document to reflect the feedback received.

The Secretary of State for Health is required under legislation to consult with NHS England and Healthwatch England on the mandate, which must be set annually.

We have consulted publicly twice on the mandate in the past and on both occasions attracted around 300 responses, with slightly more than half originating from members of the public and the rest from institutions of the type described above. This year we attracted a similar number of responses from organisations. The public response, however, was significantly higher than in the past, with around 127,400 responses received by the close of the consultation. We would like to thank respondents for their patience while we adapted the routes to respond: increasing the capacity of the consultation inbox and setting up a new a web-based form on Citizen Space to make responding easier. The Citizen Space form attracted 8,880 responses.

The main issues raised by members of the public were around the extent of private sector involvement in NHS services, whether the NHS is sufficiently well funded and the impact of seven day services. Organisations raised a wide variety of issues and greater detail on this is provided in the following chapters.

The Government remains committed to the founding principles of the NHS and the Secretary of State retains a duty to promote a comprehensive health service free at the point of use. To sustain this now and in the future means that we must change the way that health services are provided. This is not an agenda for privatisation. The NHS will continue to harness the capacity of the private and third sectors where they are best placed to deliver high quality services for NHS patients.

NHS England will play an important and leading role in ensuring that the NHS delivers £22 billion of efficiencies between now and 2020. The Spending Review settlement includes £10

[1] NHS England is legally referred to as the National Health Service Commissioning Board

billion of new investment, and we will make more available now rather than towards 2020, to make sure that NHS England has enough to invest in the changes that the NHS needs to make to how it works. We believe that this investment will enable us to transform the NHS to ensure that it continues to provide high-quality care in line with the NHS's own vision for the future, the Five Year Forward view.[2] The mandate describes NHS England's role in this. We are grateful to everyone who took the time to respond to the consultation.

[2] You can download a copy of the NHS Five Year Forward View from https://www.england.nhs.uk/ourwork/futurenhs/

1. Who responded to the consultation?

Consultation Questions

The consultation contained five questions, with free text responses:

1. Do you agree with our aims for the mandate to NHS England?
2. Is there anything else we should be considering in producing the mandate to NHS England?
3. What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?
4. What views do you have on our priorities for the health and care system?
5. What views do you have on how we set objectives for NHS England to reflect its contribution to achieving our priorities?

Who responded?

The overwhelming majority of responses were from the general public. The majority of these (around 114,000) were associated with a campaign launched close to the end of the consultation period by 38 Degrees, which aimed to raise awareness of the mandate and to seek an extension to the consultation period. The campaign was used by many respondents to voice their general views regarding the NHS, and we have set out our response to these in the next chapter.

Of the responses received from the public:

- Around 114,000 can be attributed to 38 Degrees, a membership-led organisation which campaigns on a range of issues, with respondents wanting greater public awareness of, and involvement in the mandate, and raising similar concerns to Our NHS, particularly around private sector involvement in NHS services;
- Around 470[3] can be attributed to a campaign by National Autistic Society, with respondents wanting to see shorter diagnosis waiting times, better access to support services and improved transition for young people moving from child to adult care;
- Around 270[3] can be attributed to Our NHS, a campaign to promote a fully nationalised, comprehensive health service, with respondents raising concerns around perceived privatisation of services, staffing levels, access, inequalities, funding and technology;
- Around 170[3] can be attributed to the Wheelchair Leadership Alliance with respondents seeking improvements in NHS wheelchair services and to reduce variability in the provision of equipment and maintenance;

[3] The numbers of these responses may be an underestimate. This is due to limitations in the analysis of very large volumes of email data.

- Around 12,490 were “unique” replies from individuals expressing their personal views, many of which were in line with the campaign responses. This includes the 8,880 responses sent via Citizen Space.

We are also grateful to the 140 organisations that responded, including those supporting the campaigns of others.

Respondent Types	No.	% total
Charity	43	30.28%
Professional body or trade union	34	23.94%
Campaign group	14	9.86%
Patient group	14	9.86%
Private sector - pharma	7	4.93%
Industry body	6	4.23%
Healthwatch	5	3.52%
Local authority	4	2.82%
Academic	2	1.41%
Clinical commissioning group	2	1.41%
Private sector - other	2	1.41%
Think tank	2	1.41%
Other - not listed	2	1.41%
NHS Foundation trust	1	0.70%
NHS trust	1	0.70%
Other Arms-length body	1	0.70%
Private sector - provider	1	0.70%
Regulator	1	0.70%

How did the respondents answer the questions?

Where possible, we have assessed the proportion of the responses that took a positive, neutral or negative attitude to each question. For the majority of responses, this was not possible; for example, responses relating to the 38 Degrees campaign did not use the template or address the questions directly.

The charts below show the sentiment first amongst replies from members of the public not associated with campaigns, and second from organisations. The analysis for public responses is based on detailed, qualitative assessment of a sample of 760 replies out of the 12,490 responses received.

Figure 1: Responses to consultation questions from members of the public (unique responses)

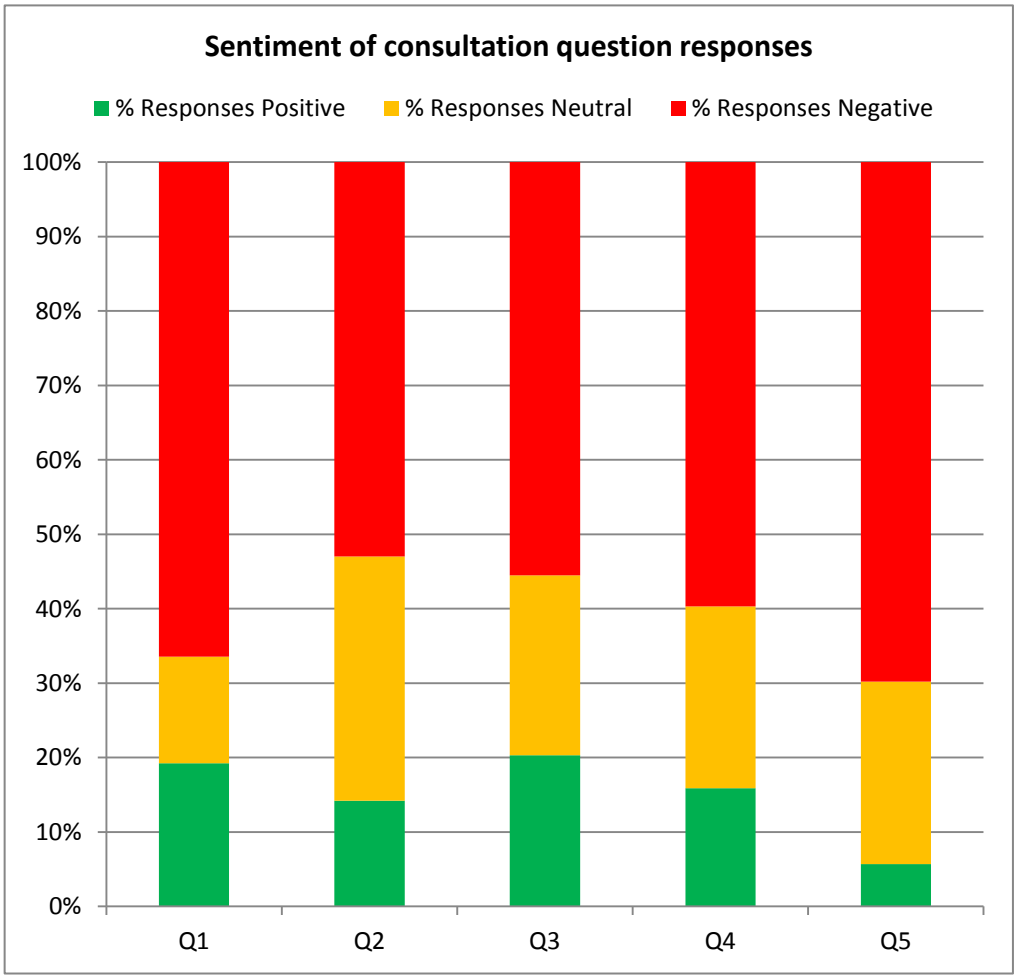
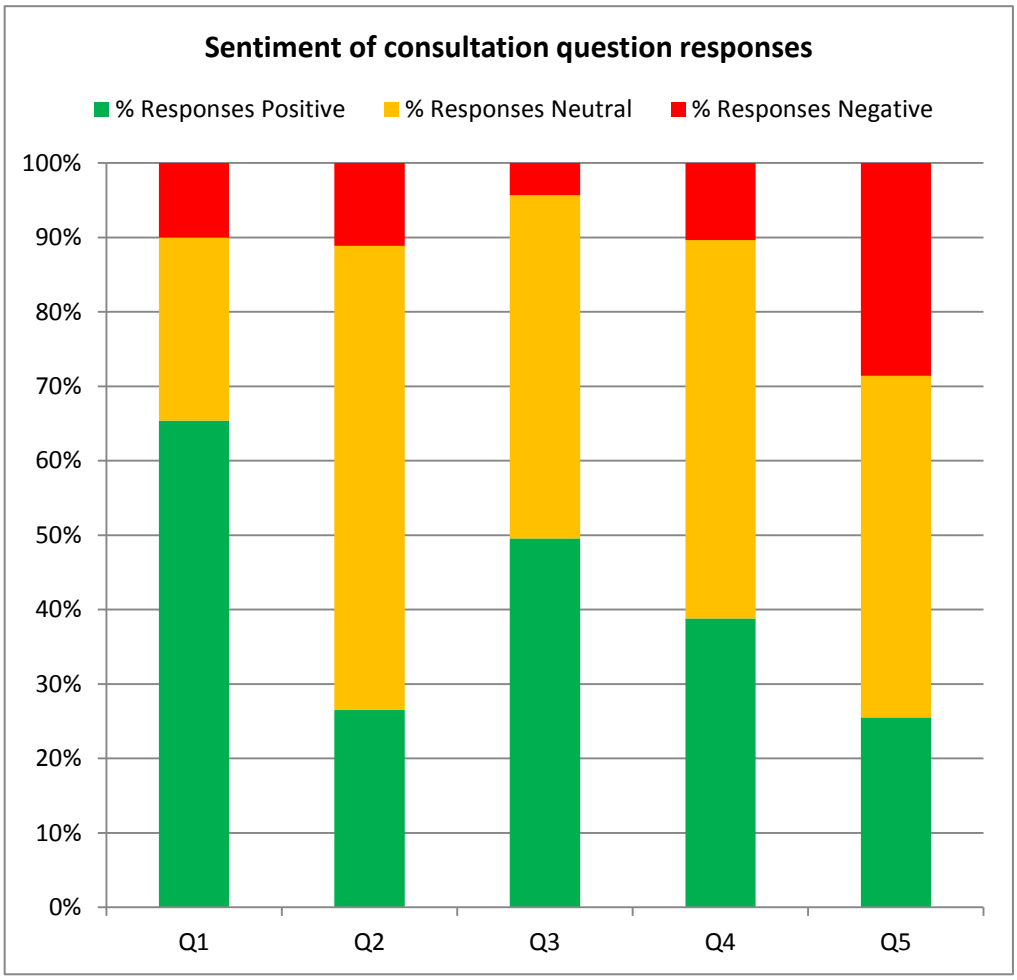


Figure 2: Responses to consultation questions from organisations



2. Issues raised

What issues were raised by the public?

Many responses from members of the public raised a number of common, general concerns that cut across the five consultation questions. These are summarised in this chapter. Both the 38 Degrees and Our NHS campaigns focused on very similar themes and produced a high volume of very similar responses.

A particular concern of 38 Degrees and Our NHS was the short length of the consultation, and we address this below.

The 12,490 "unique" responses not associated with any of the above campaigns consistently raised a number of closely related issues that cut across the consultation questions. The key issues related to funding, private sector involvement and staffing. These, along with our responses, are summarised below.

1. Opposition to further private sector involvement in the NHS;
2. Concern that there is insufficient funding to achieve the aims of the mandate and the NHS's Five Year Forward View;
3. Concern that the mandate does not mention staff, concern over safe staffing levels and a desire to improve pay and conditions;
4. Concern over seven-day services. Qualitative analysis suggested fewer than 3% of responses that mentioned seven-day services were supportive;
5. Concern over lack of integration, with concerns over funding for public health and social care;
6. Concern that there is insufficient funding to reduce inequalities, and that NHS England does not hold CCGs to account;
7. Very strong support for improving mental health services but concern that there is not enough funding to do so;
8. Strong support for focus on prevention of ill-health, but concerns that public health, community and social care funding is insufficient to achieve aims;
9. Shortness of the consultation period, and lack of publicity.

Government response:

Sustaining a comprehensive health and care service

What you told us:

- The mandate does not commit to provision of a comprehensive health service free at the point of use;
- The Government should end further involvement of the private sector in healthcare.

Our response:

We are committed to maintaining a comprehensive health service, free at the point of use. The Secretary of State has a statutory duty to promote a comprehensive health service. We understand the challenge that this presents given continuing fiscal challenges. The Government

believes that the answer to these challenges lies in changing the way services are delivered and keeping people well and independent for longer, not in altering the fundamental principles that underpin the NHS. This is not an agenda for privatisation. The NHS will continue to harness the capacity of the private and third sectors where they are best placed to deliver high quality services for NHS patients.

What has changed in the mandate?

- The first paragraph of the mandate reiterates our commitment to a comprehensive service free at the point of use.

Funding the NHS, social care and public health

What you told us:

- Funding is insufficient to achieve the aims in the mandate or the NHS's Five Year Forward View;
- There is insufficient funding to address inequalities and that NHS England does not do enough to hold Clinical commissioning groups (CCGs) to account;
- Funding for mental health services lags behind funding for other health services;
- There is a lack of funding for social care and public health, and lack of integration;
- Organisations, particularly charities, local authorities and professional bodies/trade unions, echoed the above points.

Our response

Given the scale of the challenge, we also understand that many people have concerns about what the future holds. This is why the Government has reaffirmed its commitment to the NHS by again committing to increase health funding each year until 2020, in spite of the continuing fiscal challenges. By 2020-21, the Government will increase funding for the NHS by £10 billion a year in real terms compared to 2014-15, to support the implementation of the NHS's own plan – the NHS Five Year Forward View – to transform services across the country.

As a result of the Spending Review, NHS funding will be £10bn higher in real terms by 2020-21 than 2014-15. And the NHS will not have to wait until the end of the parliament for much of this investment. We will be giving the NHS £3.8bn more next year, over and above inflation, and almost £6bn of the £10bn in the first two years of the six year period. This shows that the Government has listened and responded to what the NHS has said about the profile of investment it needs to deliver its Five Year Forward View.

NHS England has strengthened how it holds CCGs to account. NHS England operates an annual assurance process which assesses whether CCGs are well-led and financially sustainable. It assesses both the quality of CCGs' planning and how far they have achieved their plans. If a CCG is not performing well enough, NHS England can apply special measures that aim to turn its performance around. If this does not happen within an agreed time, NHS England can issue formal directions to the CCG, in effect temporarily taking over running it in order to address the most serious problems.

To further strengthen accountability and to make CCGs more transparent to the public, one of NHS England's mandate objectives is to develop a new CCG assessment framework to show clearly how well CCGs are performing compared to one another.

Social care and most public health activity is beyond the scope of NHS England's activities and therefore also beyond the scope of the mandate. In view of the number of responses that

expressed concern however, it is worth outlining what the Spending Review means for social care and public health.

The Government is giving local authorities access to £3.5 billion of new support for social care by 2019-20. Councils will be able to introduce a new Social Care Precept, allowing them to increase council tax by 2% above the existing threshold. This could raise nearly £2bn a year for social care by 2019-20. From April 2017, the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019-20, to be included in the Better Care Fund. Taken together, the new precept and additional Better Care Fund contribution mean local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament.

Local councils will receive over £16 billion to spend on public health over the next five years. This is in addition to what the NHS will continue to spend on vaccinations, screening and other preventative interventions — including the world's first national diabetes prevention programme – and our childhood obesity strategy. The best local councils have shown that significant results can be achieved whilst making savings.

What has changed in the mandate?

- The final, published version provides details of how the new funding will be made available;
- The mandate now sets the expectation for NHS England to close the gap in overall health between people with mental health problems, learning disabilities and autism, and the population as a whole in line with the vision in the "Future in Mind" report.[4] The report was produced jointly by the Department of Health and NHS England and is about improving the mental health and wellbeing of children and young people.

Seven day services

What you told us:

- Fewer than 3% of responses that mentioned seven-day services were supportive. The main concerns were that seven-day services are not necessary, that they are not affordable and that they will put too much strain on staff who already work very hard.

Our response

We are committed to ensuring that people who need urgent and emergency hospital care receive the same high quality of care seven days a week, including improved early diagnosis, services and outcomes for cancer patients. This is not just about tackling excess mortality; it is also about improved patient experience and better flow through the hospital. This does not mean that we expect elective services to be available at all times. Rather it means eliminating the unacceptable variation in services and outcomes for people needing urgent and emergency care on different days of the week.

As part of our commitment to a seven day NHS, we will make sure that GP appointments are available when people need them, including at evenings and weekends, by 2020. To help support this objective we have committed to increasing the primary and community care workforce by 10,000 by 2020, including an additional 5,000 doctors working in general practice.

[4] An article explaining what "Future in Mind" is about, and the report itself can be found at https://www.england.nhs.uk/2015/03/17/martin-mcshane-14/

What has changed in the mandate?

- We added a clear requirement stating what we want NHS England to deliver, that explains why we consider seven-day services to be fundamental, and outlines our intentions more clearly.

Staffing

What you told us:

- NHS services need more staff to ensure safe provision of care;
- Concern that the mandate does not specifically mention staff;
- Pay for staff should be increased and conditions improved.

Our response

NHS organisations are best placed to decide how many staff they employ, tailoring services to meet the needs of their patients and local communities, to deliver safe care. Health Education England (HEE) is the body responsible for delivering a better health and healthcare workforce for England. HEE is responsible for ensuring a secure workforce supply that reflects the needs of people that use health and care services, and the providers and commissioners of healthcare. As leader of the commissioning of healthcare, NHS England has a role to play and works with Health Education England.

What has changed in the mandate?

- We have asked NHS England to ensure that the NHS looks after the health and wellbeing of staff and that it uses insights and feedback from staff to improve services.

Level of detail in the mandate

What you told us:

- A number of members of the public, private sector organisations, professional bodies and trade unions felt that the mandate was pitched at too high a level;
- Others were concerned that the mandate should not be over-prescriptive, for example to take account of wide variations in health economies across the country.
- Patient groups advocated for their concerns to be specifically reflected in the mandate or in the NHS Outcomes Framework.

Our response:

The mandate is intended to set out our objectives to NHS England, but not to dictate to NHS England how it should achieve them, and we do not think that the mandate is the right place to address service-specific concerns.

The NHS Outcomes Framework[5] contains the measurements that the Department of Health uses to determine how well NHS England is doing at improving health outcomes. We are not refreshing the NHS Outcomes Framework this year. However, work on the measures to be used in the CCG assessment framework is ongoing, and will be published in March 2016. The assessment framework will be operational from 1 April 2016.

[5] You can find information about the NHS Outcomes Framework at https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016

What has changed in the mandate?

- The consultation document indicated that we would measure NHS England's performance against the objectives in the mandate in terms of progress against the key things we want NHS England to deliver each year. We have specified these in more detail in the annex to the mandate.

Specialised services and new/innovative treatments

What you told us:

- Charities felt that there was a lack of clarity around NHS England's role in specialised services commissioning, which includes treatments for many rare or long-term conditions;
- Charities also requested more support for those managing long-term conditions, especially rare diseases;
- Patient groups were the most concerned around waiting times for diagnosis and treatment.

Our response

NHS England is responsible for commissioning around 140 services which are deemed to be "specialised". These include services which are expensive, complicated or for rare conditions where it is better for NHS England to commission them for the whole country instead of CCGs doing so locally. To make the best use of resources, NHS England has made a commitment to CCGs and other stakeholders that it will apply the same level of scrutiny to its own direct commissioning responsibilities, including commissioning for specialised services, as it does to CCG commissioning. As a result, it has developed a Direct Commissioning Assurance Framework, similar to the CCG assessment framework, to ensure similar scrutiny of its own commissioning responsibilities. NHS England's Board will also ensure that NHS England's direct commissioning is efficient, effective, and in the best interests of patients. Health services, whatever their geographic location, will always remain part of the NHS. For specialised services, national quality standards will remain in place, meaning that services will have to deliver the same quality, whichever body commissions them.

Subject to the provisions of the Cities and Local Government Devolution Bill, NHS England may, in some circumstances, and subject to defined criteria, decide to delegate the commissioning of some specialised services to CCGs, working with combined or local authorities. National standards would still apply and NHS England would remain accountable for meeting its statutory duties in relation to these services. NHS England would delegate only where it was in the best interests of patients.

The mandate asks NHS England to increase the numbers of people with access to personal health budgets to enable patients to make meaningful decisions about how best to manage their health and care, particularly for people with long-term conditions.

What has changed in the mandate?

- We added a clear deliverable to meet clinical standards in the NHS Constitution;
- We added a commitment to increase the number of people with access to personal health budgets and integrated personal budgets.

Consultation process

What you told us:

- The consultation period was too short, and the consultation was not adequately publicised.

Our response:

Under legislation, the Secretary of State for Health is required to consult with NHS England and Healthwatch England on the mandate. As with other occasions where we have made significant changes to the mandate, as opposed to a refresh, we wanted to go further and to open the consultation to the public. Many consultations run for around four weeks. We have consulted on the mandate twice before, and on both occasions received around 300 responses in total compared to around 130,000 this time. We made a written statement to Parliament, publicised the consultation on the GOV.UK site, the department's Twitter account and in various departmental bulletins as with the previous consultations on the mandate. NHS England and Healthwatch England also publicised the consultation through their regular bulletins. We therefore reject the suggestion that we attempted to "hide" the consultation or that we did not make an effort to publicise it.

We apologise for technical difficulties encountered by some respondents. This was caused by the unprecedented volume of replies. We moved quickly to address this, and we provided both a larger inbox capacity and a web-based response form on Citizen Space, both of which were publicised on Twitter.

Response to service-specific responses on wheelchair services and autism

Some of those responding to the consultation wrote in support of campaigns concerned about access to wheelchair services, and long waits for autism diagnosis causing serious difficulties for patients and their families. The mandate is a strategic document outlining our key objectives for NHS England without prescribing how NHS England should deliver them. To have objectives that focus on individual services or conditions would work against this. However, the Wheelchair Leadership Alliance and National Autistic Society campaigns raise some very valid points and we want to take the opportunity to note the considerable work under way in both of these areas. These points focus mainly on waiting times, access and variations in quality, which are three of the key themes that we are addressing in the mandate.

Wheelchair services

Wheelchairs clearly provide a significant gateway to independence, well-being and quality of life for thousands of adults and children. They play a substantial role in facilitating social inclusion and improving life chances through work, education and activities that many people who do not need wheelchairs take for granted.

Although there are many examples of good practice around the country, we know that unfortunately, this isn't always the case. People often find themselves waiting a long time for wheelchairs, or sometimes develop secondary health complications resulting from an unsuitable chair. In an attempt to address that, NHS England is working with a number of organisations to improve the way all wheelchair users are supported. NHS England's focus is on three key areas. It has established a new national data collection which went live from 1 July 2015 to enable benchmarking and the use of transparent data to drive improvements. It is also piloting a tariff for wheelchairs. This is intended to allow commissioners the flexibility to move away from simple contracts. It will support more advanced commissioning, improving efficiency and better aligning resources to the needs of individuals. Finally NHS England is working with CCGs to support them in improving their commissioning of wheelchair services. Through its Improvement Support Programme, NHS England is working with eleven CCGs in two localities. The work will help support their service improvement ambitions and will also create guidance, evidence and material which can then be shared with other organisations and communities, so that the support is also of benefit to all organisations seeking to improve services.

Autism Services

The 2010 Autism Strategy and its related statutory guidance were updated by the Think Autism Strategy in 2014 and new statutory guidance in 2015. Both built on progress that had already been made by commissioners and providers as well as requirements in legislation such as the Care Act 2014 and the Children and Families Act 2014 to further improve the care and support that local authorities and NHS organisations provide for adults with autism. It is though, for local authorities and local commissioners to make decisions about spending priorities based on local needs and circumstances, including support and services for autism locally. The annual national autism self-assessment exercise led by Public Health England can play a key role in helping local authorities and the NHS to work with their partners on identifying the progress they are making and the next steps they need to take. The latest report on the position across England will be issued shortly and the latest exercise included a specific focus on accessing post diagnostic support including occupational health and speech therapy.

The Department of Health has raised with NHS England the difficulties that children and adults who might be on the autism spectrum can have in getting an appropriate diagnosis in a timely manner. NHS England is working with CCGs and other partners to find ways of ensuring that National Institute for Health and Care Excellence (NICE) guidelines, which set out the quality standards for NHS treatments, are met more consistently.

The Healthy Child Programme plays an important role in supporting the early identification of autism in the first five years of a child's life. This is the key universal service for improving the health and well-being of children, through health and development reviews, health promotion, parenting support, screening and immunisation programmes. NHS England's complex needs board are considering what additional support might be needed to ensure success in improving early years diagnosis as part of the implementation of new arrangements for special educational needs and disability (SEND). In addition, the Early Years Foundation Stage, which all OFSTED-registered early years providers must meet, requires the ongoing assessment of children's progress

There is a real opportunity in the new arrangements for children and young people with SEND for commissioners to develop effective joint commissioning of services across education, health and social care. Collaboration between CCGs and local authorities on the development of the Local Offer of services for children and young people with SEND, will help commissioners identify effectively gaps in provision. Similarly, Education, Health and Care (EHC) plans, because they are developed with the child or young person and their family, and focus on the outcomes which will make the biggest difference to them, will help commissioners identify the key issues relating to access, and help inform commissioning strategies to deliver improvements. The EHC plans for a local area provide a myriad of individual needs assessments, giving commissioners a cumulative picture of local need and preferences.

NHS England will assure the performance of CCGs, to ensure that their role in implementing the new arrangements helps to remove inequalities in access to care for children and young people with SEND. NHS England's multi-agency Children's Complex Needs Implementation Board will oversee work to support commissioners and providers in implementation.

What has changed in the mandate?

- We added a deliverable to the mandate which commits NHS England to close the health gap between people with mental health problems, learning disabilities and autism, and the population as a whole in line with the vision in "Future in Mind".

3. Views on our aims for the mandate

Question 1: Do you agree with our aims for the mandate to NHS England?

"Some of the wording could be ambiguous… I believe the aims should be to have a comprehensive health service for all, free at the point of delivery " – member of the public

"The RCN supports the aims identified in the mandate, and welcome the clarity of approach given by having four aims. We are also supportive of the Government intention to set the mandate with a longer time frame, and an accompanying budget." – the Royal College of Nursing

What you told us:

A majority of individual respondents withheld support for the aims of the mandate, primarily on the basis that the consultation document did not explicitly state that the Government was committed to providing a comprehensive health service free at the point of delivery or that respondents did not believe that enough funding was available. The Government has since reaffirmed its commitment to the NHS by again committing to increase health funding each year in this parliament, in spite of the continuing fiscal challenges. By 2020-21, the Government will increase funding for the NHS by £10 billion a year in real terms compared to 2014-15, to support the implementation of the NHS's own plan – the NHS Five Year Forward View – to transform services across the country.

Those that were supportive frequently cited multi-year budgets and a longer term approach to planning for the NHS as reasons for their support.

By contrast, 63% of organisations that responded were in favour of our broad aims and only 10% disagreed. A number of specific points, mainly from organisations (though echoed by small numbers of individuals) were identified:

Accountability and responsibility

You said:

- Increased joint accountability for health and social care commissioners is needed;
- Need to set out health and social care responsibilities of local authorities;

Our response:

The Department of Health and its partner organisations have developed a Shared Delivery Plan that sets out a single vision and plan for health and care. The mandate sets out NHS England's contribution to delivering this plan, and it is not intended to cover the roles of other organisations.

Our arrangements for joining up accountability for health and social care, and the roles that local authorities and NHS bodies play relative to one another are still evolving. This will be informed by the outcomes from NHS England's vanguard sites which are trialling new approaches to the commissioning and provision of health and care.

Prevention

You said:

- Improve the definition of "prevention";

Our response:

Prevention covers a wide variety of activities that aim to achieve a step change the NHS preventing ill health and supporting people to live healthier lives, including improvement in the quality of care and support for people with dementia and increased public awareness. Priorities for prevention of ill-health can vary amongst different areas and populations. For this reason, the mandate needs to avoid being overly prescriptive.

Innovation

You said:

- Note that not all innovation is, or needs to be, transformative (or, to put it another way, good ideas don't always involve big changes).

Our response:

We recognise that innovation does not necessarily require major change to make it happen, and that smaller-scale ideas and initiatives are often of great value. However, we think it is right that the mandate focuses on larger and more challenging ones that will play the largest part in delivering a sustainable health and care system, as these will be the most difficult and complicated to achieve successfully and the most likely to require support and co-ordination by NHS England.

What has changed in the mandate?

- We now explicitly state our commitment to a comprehensive health service free at the point of use in the mandate.

4. Views on the scope

Question 2: Is there anything else we should be considering in producing the mandate to NHS England?

> *"HM Government should have a view on how the community of NHS staff is valued and supported. From the point of view of patients, the staff are the NHS."* – member of the public
>
> "*Working with carers will be key to achieving the outcomes set out in the mandate"* – Sheffield City Council

What you told us:

A small minority of both individual and organisational respondents felt that the mandate did not need to consider anything else. A large variety of suggestions were received, not all of which fell within NHS England's gift.

Other suggestions included the following.

Budget flexibility

You said:

- Add a reference to in-year flexibility in multi-year budgets to support investment;

Our response:

- We believe that NHS England has sufficient flexibility in the way that it allocates funding for commissioning, and that multi-year budgets will reinforce this.

Role of primary care

You said:

- Clarify the role of primary care in achieving objectives;

Our response:

The role of primary care in the health service will continue to be pivotal. As with the respective roles and accountabilities of CCGs, local authorities and others, the role of primary care is evolving. Work on out-of-hospital care by vanguard sites and the introduction of seven-day services will all have an impact.

Role and contribution of carers

You said:

- Add a reference to the role of carers, as most care for long-term conditions is provided by them at home;
- Add specific reference to the carers of dementia sufferers, as they have particularly challenging needs;
- Commit to providing carers with the support they need, as this can reduce unnecessary hospital stays.

Our response:

We agree that carers are critical to supporting people with long-term conditions, and that they themselves require support. NHS England will ensure that carers are routinely identified and given access to information and advice about available support, that carers for dementia sufferers receive timely, high-quality and compassionate support from diagnosis to end of life and to better use technology and data to empower carers. Carers will also benefit from NHS England's objective to increase the use of personal health budgets for those with long-term conditions.

Staff health and wellbeing

You said:

- Add a specific reference to staff wellbeing, in particular reducing incidence of bullying and harassment;

Our response:

NHS England recently announced a £5 million drive to improve the health and wellbeing of NHS staff, working in partnership with NHS Employers, Public Health England and other partners. Bullying and harassment in any workplace is unacceptable. Both the Department of Health and NHS England have addressed this in their responses to Robert Francis' report, "Freedom to Speak Up?"

Staff training and education

You said:

- Add a stronger reference to staff training and education needed to ensure providers are actually capable of delivering objectives, especially in support of research and innovation;

Our response:

We believe that the staffing needs required to support delivery of the mandate can be met from the £10 billion of additional funding we are making available to the NHS, and through the changes we have put in place to enable Health Education England to deliver the additional staff that the NHS requires.

Long-term changes

You said:

- Note areas where impact of changes will not be felt for some years;

Our response:

We understand that some initiatives will not deliver benefits immediately, and will require sustained support. We believe that the funding profile announced in the Spending Review will enable the NHS to make the long-term commitments that are required.

Strategies for large-scale health issues

You said:

- Include centrally-driven, national strategies for large scale health issues e.g. stroke;

Our response:

The Government and NHS England are taking forward national strategies to improve services for cancer, dementia, mental health, learning disabilities and autism, and diabetes.

What has changed in the mandate?

- We set out deliverables in support of objective 5 in the annex, which cover how GPs will contribute to the transformation of out-of-hospital and urgent care;
- We added a reference to supporting carers and their families to the annex section on dementia;
- We added a commitment to identifying carers and giving them access to information and advice about the support available to the annex section on patient experience;
- We added a commitment to meeting the needs of family and carers to the annex section on health and social care integration;
- We added a firm deliverable committing NHS England to achieve its plan to improve the health of the NHS workforce.

5. Views on the overarching objectives

Question 3: What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

> *"Striving to improve healthcare provision is admirable. However, the means to that end should not be counter-productive…"* –member of the public
>
> *"The new measures of quality need to incentivise CCGs to commission for outcomes and not emphasise unhelpful performance management approaches to contracting services from providers."* – NHS Providers

What you told us:

Views from both members of the public, and organisations, were mixed. All regarded the objective of improving outcomes and reducing inequalities as laudable, but a wide variety of opinions were expressed on how the NHS should go about this. Some welcomed comparative measures for CCGs but there was concern about the administrative burden associated with them.

Around 20% of individual responses were positive about the objective versus around 55% negative. By comparison, around 50% of organisations were positive versus only 10% negative.

The following points were raised:

CCG Assessment Framework

You said:

- You are concerned that the CCG assessment framework will be too bureaucratic;
- You are concerned that the CCG assessment framework will either be too simplistic and so potentially misleading, or too complex and so not useful to the public;
- More information is needed about how CCG assessment framework works alongside NHS Outcomes Framework and clearer guidance on how information will be used – clarify its purpose;
- We should drop the idea of single, Ofsted-style CCG rating as per the Kings Fund report;
- The CCG assessment framework should include cardiovascular diseases;

Our response:

Work to develop the CCG assessment framework is still ongoing. NHS England is consulting with its NHS partners on the selected indicators in December and the Department of Health will continue to work with it closely. This will include working to ensure that existing data are used to inform measures wherever possible, striking a balance between the sophistication and accessibility of measurements with transparency as the key driver and ensuring that the measures in the framework align to the mandate and the outcomes framework.

The Department of Health and NHS England have considered the Kings Fund report and agreed that from summer 2017, NHS England will provide a single, summative rating for each

CCG based on a four point scale of outstanding, good, requires improvement or inadequate. Whilst we note the Kings Fund concerns, the CCG ratings will be based on an annual assessment of six key clinical areas, including mental health, each of which will be moderated by an independent panel of experts. We are confident that this will result in robust assessments of CCG performance that will help the public understand how well their local CCG is performing.

NHS Outcomes Framework

You said:

- Simplify technical indicators in the NHS Outcomes Framework to make it more useful strategically. Consolidate the current three outcomes frameworks into one. Add measures on patient experience and quality of life as laid out in the Cancer Strategy. Include autism diagnosis waiting times. Include metrics on musculoskeletal diseases;
- Robust indicators for quality of End-of-Life care are needed;
- Objective on ensuring investment in the technology needed to implement the NHS Outcomes Framework and CCG assessment framework;

Our response:

We are not refreshing the NHS Outcomes Framework this year, but the ongoing work on measures for the CCG assessment framework will inform future versions.

Variation

You said:

- Much concern about variation and inequality – associated suggestion that the mandate should state that rationing of treatment or services is unacceptable;

Our response:

Reducing inequalities and unacceptable variation is a cornerstone of our strategy for the NHS. The additional funding that we have committed, and we are confident that work that is planned or already underway, for example the work on mental health, wheelchair and autism services described in chapter 2, will achieve this.

What has changed in the mandate?

- Objective 1 in the mandate to improve outcomes and reduce inequalities explains the role and fit of the NHS Outcomes Framework and the CCG assessment framework;
- We added a firm deliverable for NHS England to improve access to services for the most difficult to reach socio-economic groups.

6. Views on our priorities

Question 4: What views do you have on our priorities for the health and care system?

What you told us:

Only around 16% of individual responses expressed agreement with our priorities versus 60% disagreeing. By contrast, 39% of organisations expressed agreement versus 11% disagreeing, with around 40% neutral responses – these generally called for additional priorities without disagreement with what is already there.

Many of the negative public responses were due to disagreement that seven-day services should be a priority. Chapter 2 explains why we do not accept this view, and we have included a clearer explanation in the published mandate of our position, and the objectives underlying the -day NHS.

Outside of this theme, a very wide range of suggestions were received, which tended to be linked to the specific concerns of the respondent – for example, patients and patient groups advocated strongly for their particular condition to be explicitly mentioned. Key themes included:

Mental Health Services

You said:

- Add a commitment to implement “Future in Mind” and Mental Health Taskforce reports once published;
- Include specific reference to mental health under prevention;
- Include an objective to close the inequalities gap for those with mental health conditions and to address premature mortality, including children, young people and those with learning disabilities;
- Include an objective to ensure improved access to services for children and young people with special educational needs and disabilities (SEND).

Our response:

We will commit NHS England to achieve system-wide transformation in children and young people’s mental health services in line with the vision in “Future in Mind”, and this will include a focus on prevention. The Mental Health taskforce report will be published in January. The Department of Health and NHS England will agree a response to the report, which we expect NHS England to take into account. We agree that closing the health gap between those with mental health problems, learning disabilities and autism and the population as a whole should be a high priority, and we take very seriously the need to improve access to mental health services for children and young people.

Primary Care

You said:

- Focus more on an expanded role for pharmacy in reducing unnecessary GP visits and commitment to projects and programmes that aim to improve dispensing.

Our response:

Pharmacy plays a pivotal role in improving people's health and reducing health inequalities in their local communities, providing high quality care. As we move to more integrated care, there is real potential for pharmacists and their teams to play a greater role in keeping people healthy, supporting those with long term conditions and helping make sure patients and the NHS get the best use from medicines.

The NHS' Five Year Forward View, stated that there should be far greater use of pharmacists: in prevention of ill health; support for healthy living; support to self-care for minor ailments and long term conditions; medication review in care homes; and as part of more integrated care models.

Following the introduction, in October 2015, of a new advanced service under the community pharmacy contractual framework, community pharmacists are supporting GPs by providing seasonal flu vaccinations and in some GP practices, clinical pharmacists are helping deliver seven day care by providing patient facing, clinical pharmacy services.

Integration

You said:

- Include an objective to ensure that the transition from child to adult care for mental health, disability and long-term conditions is properly handled;

Our response:

Our objective is for our improvements to mental health, learning disability and autism services to apply to people of all ages, and we will not be able to achieve this without improving the transition to adult care. This is reflected in the wording of our long-term aspiration for mental health services.

CCGs

You said:

- Include an objective to ensure that NHS England addresses inequalities between CCGs (very large variations in prevention and treatment of hearing loss cited as an example);
- Include an objective for NHS England to make it easier for CCGs to access clinically approved and cost-effective guidance to ensure more consistent application;
- Include an objective for NHS England to ensure public consultations carried out by CCGs are fair and proportionate.

Our response:

The first objective in the new mandate to NHS England commits it to work with CCGs to reduce inequalities. Reducing unacceptable variations in access to treatment is fundamental to this. Inconsistent application of guidance is one of numerous factors that can contribute to inequalities of access and outcomes, and we would expect this to be addressed as part of this objective.

NHS England is working to improve the way that commissioners engage with the public as part of work to improve patient experience and create a person-centred NHS. This work will include looking at how local organisations including CCGs can be incentivised to make better use of the views of patients and the public alongside other sources of information to improve care.

Prevention

You said:

- Target prevention measures at adults aged 40 years upwards as this is the point at which long-term conditions increase significantly;
- Include an objective for NHS England to improve the self-management of long-term conditions;
- Include an objective for NHS England to work to increase healthy/disability-free life expectancy.

Our response:

Whilst we acknowledge that some sectors of the population will be a high priority with respect to prevention, we do not want the mandate to be prescriptive about how NHS England and its partner organisations take this work forward, especially because of the different populations that CCGs serve.

We believe that our objective for NHS England to increase the number of people with personal health budgets is the best way to enable patients, service users and their carers to manage long-term conditions and make meaningful decisions about their care.

Although we are not specifically addressing healthy/disability-free life expectancy, we believe that the quality of life indicators in domain two of the NHS Outcomes Framework, and the indicators relating to health gain from treatment in domain three address very similar issues.

Research and Innovation

You said:

- Include an objective for Accelerated Access Reviews to improve treatments available for specialised services and rare conditions;
- Include an objective to enable cost-effective, transformative new diagnostics and treatments to reach patients more quickly;
- Include an objective for NHS England to improve the transparency of processes for approving the adoption of innovative treatments;
- Include an objective to strengthen the links between different organisations involved in research and to make links across the entire life sciences field.

Our response:

We are committed to using innovation and technology to support the transformation of the NHS and to speed up improvements in health outcomes. This is good for patients, good for the productivity of the country as a whole and drives economic growth. We are working to improve NHS England's own process for evaluating innovative treatments and services.

The Accelerated Access Review which is independently led by Sir Hugh Taylor will make recommendations to Government on reforms to accelerate access for NHS patients to innovative medicines and medical technologies (including devices, diagnostics and digital health solutions), making our country the best place in the world to design, develop and deploy these products. Sir Hugh Taylor published his interim report on the review on 27th October and will make his final recommendations to Government by April 2016.

NHS England will implement the existing proposals and initiatives in its research plan, and will work with partners such as Genomics England to improve connections.

Information and technology

You said:

- Include an objective for NHS England to ensure availability of patient records to the treating physician

Our response:

As part of NHS England's objective to transform the use of digital services and technology in the NHS we will improve access to data including records for both patients and providers. This will give patients and the public more control over their health and wellbeing and reduce the administrative burden on care professionals. We will support this with other measures such as electronic referrals and the use of summary care records by urgent and emergency, and ambulance services.

What has changed in the mandate?

- We added a long-term aspiration to objective 5 of the mandate that we will close the health gap for people with mental health problems, learning disabilities and autism for people of all ages;
- We added an objective to improve the care of people of all ages with learning disabilities, autism and special educational needs;
- We added a long-term aspiration to objective 5 of the mandate that we will increase the number of primary care and community staff other than GPs by 5000 by 2020;
- We added an objective for NHS England to work with CCGs to improve their performance against the indicators in the assessment framework;
- We added a long-term aspiration to objective 3 of the mandate that the NHS should have a culture that uses and values all sources of insight – this will include public engagement by CCGs;
- We added an objective for NHS England to increase the number of people with a personal health budget to support patients to better manage long-term conditions;
- We added an objective for NHS England to support the delivery of health and life science growth priorities, including the recommendations of the Accelerated Access Review;
- We added an objective for NHS England to accelerate and increase use of transformative, cost-effective innovations for the benefit of patients, the health and care system and the UK economy.

7. Views on how we set objectives

Question 5: What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

What you said:

Question 5 attracted the lowest response rate. Around 60% of public respondents and 70% of organisations expressed a view.

Around 6% of responses from the public were positive about how we set objectives for NHS England, against around 70% negative. The main concern from members of the public who responded was that we should involve patients, staff and the wider public more in setting objectives for NHS England, and that NHS England and CCGs should work to improve the quality of patient and public engagement and experience more generally.

Amongst organisations 25% of responses were positive and 35% were negative. Once again this reflected a variety of concerns, with much less discernible patterns than public responses.

Adoption of new treatments and NICE guidance:

You said:

- NHS England should take charge of mechanisms for adoption of new and innovative treatments, including medicines;
- Add an objective to ensure consistent application of NICE guidance, including on waiting times**.**

Our response:

Reducing unacceptable variations in access to treatment is fundamental to reducing inequalities. Inconsistent application of guidance, including NICE guidance, is one of numerous factors that can contribute to inequalities of access and outcomes, and we would expect this to be addressed as part of this objective.

Alignment across the health and care system, and wider Government

You said:

- Add an objective for NHS England to align its work with other NHS bodies to ensure cohesion and improve efficiency;
- Mandate a cross-government “health in all policies” approach.

Our response:

The Department of Health and its NHS partner organisations, including NHS England, are working together to develop a Shared Delivery Plan for 2016-17. The mandate describes NHS England’s contribution to this shared plan, which will ensure cohesion across the NHS.

NHS England has worked with other parts of the Government since its inception. It has longstanding relationships with the Ministries of Defence and Justice covering health for the Armed Forces, and in the justice system respectively. It also works with the Department for Work and Pensions on matters of health and work, and is engaging with the Department of Communities and Local Government, and the Local Government Association on regional and local health and care issues, for example integration and devolution.

The mandate reflects these work programmes and is underpinned by detailed agreements between the NHS, Department of Health and the other departments and organisations concerned.

Urgent and Emergency Care

You said:

- Stronger focus needed on urgent and emergency care to reflect the pressures in that part of the system

Our response:

Improving the arrangements for meeting urgent and emergency care needs is a priority for NHS England. Following Sir Bruce Keogh's urgent and emergency care review, NHS England is now implementing a plan to make better use of the resources available and reduce the pressures in the system. This involves helping people with urgent care needs get the right advice in the right place, first time; providing highly responsive urgent care services out of hospital, so people no longer choose to go to A&E; ensuring people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery; and connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

Public, patient and staff engagement

You said:

- Members of the public, patients and NHS staff should be more involved in setting objectives on NHS England;
- We should improve the experience of patients who need to make a complaint about NHS services.

Our response:

Improving the experience of giving feedback, including complaints, to the NHS is a key deliverable for the mandate. NHS England announced[6] a new policy to strengthen its engagement with patients and the public (including NHS staff) at its board meeting in November 2015. The Department of Health and NHS England will continue to work together to improve the way that we engage people in the process of objective setting and we will incorporate what we have learned from running this consultation into that.

What has changed in the mandate?

- We added an objective to implement the recommendations of the urgent and emergency care review;
- We added a long-term aspiration to objective 5 ensure that urgent care for non-life-threatening needs is available in, or close to, patients' homes 24/7, and that such services are highly responsive, effective and personalised;
- We added a long-term aspiration to objective 3 that the NHS should have a culture that uses all sources of insight to improve services and the quality of care.

[6] A copy of the policy can be found on https://www.england.nhs.uk/ourwork/patients/ppp-policy/

8. Conclusion

This year, we received an unprecedented number of responses from members of the public, and also from a wide variety of organisations including charities, patient groups, bodies that represent NHS staff and from other parts of the NHS. A wide variety of opinions were expressed, and many constructive suggestions for changes to the mandate were received. We have listened to all of these, and accepted many of them. We have made a number of significant changes to the mandate as a result, as set out in this document.

Where we do not believe that change is necessary, or where NHS England is not the right body to take on a particular task, we have explained why this is the case.

We have listened to concerns that the mandate was pitched at too high a level, and we have provided an annex that sets out in more detail what we expect NHS England to do in order to deliver the mandate successfully.

We have explained more clearly the Government's plans to invest an additional £10 billion in the NHS between now and 2020. We have reiterated our commitment to a comprehensive health service that is free at the point of delivery in response to public concern. We have set out the Government's vision for a seven-day NHS and explained why we think that this is critical to the future of the NHS.

The mandate is not a blueprint for the future of the NHS. It is, however an important document, because it describes the role that we expect NHS England to play in delivering a sustainable health and care service, and explains how we will hold it to account. It is right that the public takes an interest in the mandate, and for the Government to listen and respond to your views, and we hope that future consultations will continue with a high level of participation.

9. List of organisations that responded

The following organisations responded to the mandate or prompted responses from members of the public:

38 Degrees

Academy of Medical Sciences

Action Cerebral Palsy

Action on hearing loss

Age UK

All-Party Parliamentary Group on Diabetes

Alzheimer's Research UK

Alzheimer's Society

AMRC

ARMA

Arthritis Research UK

Association of British Clinical Diabetologists

Association of Directors of Adult Social Services

Association of the British Pharmaceutical Industry

Asthma UK

Baxalta

Baxter Healthcare

Bliss

BMA

Boehringer Ingelheim Ltd

Boots UK

Breast Cancer Now

British Association for Sexual Health and HIV

British Association of Dermatologists

British Dental Association

British Geriatrics Society

British Healthcare Trades Association

British Heart Foundation

British In Vitro Diagnostics Association

British Kidney Patient Association

British Medical Association

British Orthopaedic Association

List of organisations that responded

British Property Federation
British Red Cross
British Society of Paediatric Dentistry
Brittle Bone Society
Cancer Research UK
Carers Trust
Carers UK
CECOPS
Celesio
Chartered Society Of Physiotherapy
Children and Young People's Health Influencing Group
Children and Young People's Mental Health Coalition
Chivers.org
Crispin Orthotics Ltd
Defend NHS York
Diabetes UK
Dispensing Doctors' Association (DDA)
East and North Herts CCG
East Midlands PPI Senate (EMPPI)
End of Life Care Coalition
Faculty of Sexual and Reproductive Healthcare
Fertility Fairness
Genetic Alliance UK
Greater Bristol Alliance
Haemophilia Society
Health Education England
Health Foundation
Healthwatch Barking and Dagenham
Healthwatch Cornwall
Healthwatch England
Healthwatch Halton
Healthwatch Richmond
Home Group
Inclusion East
Independent Diabetes Trust
Keep our NHS Public (Cambridge)

Kings Fund
Leicester Diabetes Centre
LGBT Foundation
Macmillan Cancer Support
Mencap
Mental Health Foundation
Mental Health Policy Group
Middlesbrough Council's Health Scrutiny Panel
Mission and Public Affairs Council of the Church of England.
Motor Neurone Disease Association
National AIDS Trust
National Autistic Society
National Community Hearing Association
National LGBT Partnership
National Network of Parent Carer Forums
National Pensioners Convention
National Voices
National Wheelchair Managers Forum
Neurological Alliance
NHS Clinical Commissioners
NHS Confederation
NHS Eastern Cheshire CCG
NHS Partners
NHS Providers
NHS Youth Forum
NICE
Novartis Pharmaceuticals UK
Optical Confederation
Our NHS
Paediatric continence forum
PAGB
Parkinson's UK
People vs PFI (campaign group)
Posture and Mobility Group (PMG)
Prostate Cancer UK
Protect our NHS

List of organisations that responded

PSNC
Public Health, London Borough of Barking and Dagenham.
Public Health, London Borough of Tower Hamlets
Recovery Focus (charity coalition)
Royal College of Midwives
Royal College of Nursing
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Physicians of Edinburgh
Royal College of Psychology
Royal College of Surgeons
Royal College of Surgeons of Edinburgh
Royal Pharmaceutical Society
Sanofi
Scope
Sheffield City Council
SHINE (spina bifida, hydrocephalus information networking equality)
Shire
Society of Radiographers
South Warwickshire Keep our NHS Public (SWKONP)
Specialised Healthcare Alliance
SPINE
St George's NHS Trust
Standing Commission on Carers
Stockport's Parent Carer Forum – Parents in Partnership Stockport
Stroke Association
Sustain: The alliance for better food and farming
UCB
Unite the Union
United Kingdom Clinical Pharmacy Association.
Urology Trade Association
Urology User Group Coalition
Walton Centre
WellChild

West Sussex Parent Carer Forum.

Wheelchair Leadership Alliance

Whizz-Kidz