



Department  
of Health

# Coordinating Impact and Equality Statement

**A Mandate from the Government to  
NHS England: April 2014 to March  
2015**

November 2013

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# Introduction

1. The purpose of this document is to collate the evidence bases for the updated policies in '*A mandate from the Government to NHS England: April 2014 to March 2015*'. It follows the consultation that ran to the end of September.<sup>1</sup> This document accompanies, and should be read in conjunction with, the previous coordinating impact assessment and equality analysis to the first Mandate,<sup>2</sup> both of which remain relevant.
2. The first Mandate, published in November 2012, covers the period April 2013 to March 2015. It sets the Government's ambitions for NHS England<sup>3</sup> as well as the funding available to achieve and deliver the kind of care people need and expect. In line with the Health and Social Care Act 2012, the Mandate and its contents are reviewed annually and an updated Mandate will be published for each financial year.
3. The Mandate is one part of a broader relationship through which the Secretary of State holds NHS England to account. NHS England will also operate to standard Government accountability features such as: framework agreements setting out working relationships; a limited number of financial directions; as well as the other associated regulations of the Health and Social Care Act 2012 which set out those services that NHS England is required to commission and impose requirements on NHS England in relation to its commissioning functions.

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<sup>1</sup> <http://www.gov.uk/government/consultations/refreshing-the-nhs-mandate>

<sup>2</sup> <http://www.gov.uk/government/publications/the-nhs-mandate>

<sup>3</sup> Legally known as the National Health Service Commissioning Board

## Approach to the Mandate refresh

4. A core aim of the Mandate is to provide constancy of purpose by setting the strategic direction for NHS England. By refreshing the Mandate, our aim is to ensure the objectives remain relevant and up to date. To provide stability and enable the NHS to plan ahead, the Government is carrying forward all of the existing objectives in the current Mandate.
5. However, the scale of the challenge facing the NHS and the wider health and care system is becoming increasingly clear. In this Mandate, '*A mandate from the Government to NHS England: April 2014 to March 2015*', we are challenging NHS England to make greater progress towards transforming patient care and safety and in tackling the growing pressures and demand on NHS services. Significant improvements are expected by taking forward the relevant actions set out in:
  - the further response to the Robert Francis QC public inquiry into the lessons from Mid-Staffordshire NHS Foundation Trust;
  - the vulnerable older people's plan which details the Government's ambition for improved health for the whole population, starting with the most elderly and vulnerable in society; and
  - delivering a service that values mental and physical health equally.
6. These build on the following priority areas where the Government is expecting particular progress to be made:
  - 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;
  - iv) preventing premature deaths from the biggest killers; and
  - v) furthering economic growth, including supporting people with health conditions to remain in or find work. NHS England is also expected to play a full role in supporting public service reform.

7. This document sets out the changes to the current Mandate and links to the policies and assessments of their impact (including ensuring the Public Sector Equality Duty is met), where available.
8. The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
  - Advance equality of opportunity between people who share a protected characteristic and those who do not; and
  - Foster good relations between people who share a protected characteristic and those who do not.
9. The protected characteristics as set out in the Public Sector Equality Duty are:
  - Age;
  - Disability;
  - Gender reassignment;
  - Being married or in a civil partnership;
  - Pregnancy and maternity;
  - Race;
  - Religion or belief;
  - Sex; and
  - Sexual orientation.
10. In addition, the Health and Social Care Act 2012 created a new legal duty on the Secretary of State for Health, NHS England and Clinical Commissioning Groups to have regard to the need to reduce health inequalities. The Government's ambition for excellent care is for everyone regardless of income, location, age, gender, ethnicity or any other characteristic. Yet there are still too many longstanding and unjustifiable variations in access to services, in the quality of care, and in health outcomes for patients, amongst vulnerable and hard to reach groups.

11. The current Mandate therefore highlights that NHS England should be striving to improve outcomes for all.<sup>4</sup> It challenges NHS England to demonstrate progress by 2015 on how they have tackled health inequalities and advanced equality in each and every objective.
12. Through the consultation on the Mandate refresh, the Department of Health has engaged with a broad range of stakeholders and sought to ensure that improving health equalities and reducing inequalities remains central to the updated Mandate objectives. Changes to the Mandate have the potential to impact on people sharing protected characteristics or who experience deprivation in health access and/or outcomes. The next section collates the evidence bases, where available, for the updated Mandate objectives and equalities implications.

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<sup>4</sup> <http://www.gov.uk/government/publications/the-nhs-mandate>

## Evidence base

13. The following section describes the additional elements in the refreshed Mandate to NHS England for April 2014 to March 2015, and links to the evidence bases and equalities assessments for each, where available.

### Preventing people from dying prematurely

**Existing objective:** to make measurable progress by 2016 towards making England one of the most successful countries in Europe at preventing premature deaths.

14. The evidence base for the Government's ambition to reduce avoidable deaths was set out in *Living Well for Longer: a Call to Action to Reduce Avoidable Premature Mortality*, published in March this year, with its associated Equality Analysis.<sup>5</sup> We are therefore updating this objective to reflect NHS England's commitment that they will work with CCGs to develop their contribution to the new system wide ambition of avoiding an additional 30,000 premature deaths per year by 2020.

### Enhancing quality of life for people with long-term conditions

**Existing objective:** to improve the way care is coordinated and delivered.

15. The Government document, *'Integrated Care: Our Shared Commitment'*,<sup>6</sup> published in May this year and signed by 12 national partners, sets out how local areas can use existing structures such as health and wellbeing boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards delivering integrated care for all health and care service users.

<sup>5</sup> <http://www.gov.uk/government/publications/living-well-for-longer-a-call-to-action-to-reduce-avoidable-premature-mortality>

<sup>6</sup> <http://www.gov.uk/government/publications/integrated-care>

16. We are therefore updating the existing objective to reflect NHS England's commitment to coordinate a major drive for better integration in 2014/15. This includes preparation for introduction in 2015/16 of the £3.8bn Integration Transformation Fund announced at Spending Round 2013, which will establish new pooled budget arrangements for health and social care to support health and care services to work more closely together.
17. '*Integrated Care: Our Shared Commitment*' reflects the strategic ambitions for integration, as a result an Impact Assessment is not appropriate. Full guidance on implementation of the Integration Transformation Fund will be published in due course, including an assessment of impact and equalities impact if appropriate.

### Managing ongoing physical and mental health conditions

**Existing objective:** 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.

18. There are increasing pressures on the health and care service in England, which will become increasingly difficult to meet without the successful transformation of the way the health and care services provide for the population. This must particularly be true for those who are the oldest and most vulnerable. This requires primary care, especially general practice, to proactively support patients who are most at risk; keep them out of hospital wherever possible and; help people to live well and maintain their independence. Care for vulnerable older people cannot be provided through general practice alone, so we are asking NHS England to explore how better integrated out-of-hospital care can improve health outcomes for this group, and the wider population.
19. As part of this objective, NHS England should take forward the actions and the ambitions of the vulnerable older people's plan (which is subject to agreement on affordability with NHS England), with rapid progress to



be made from April 2014. The evidence base is forthcoming and will be published in an impact assessment and equality analysis, alongside the vulnerable older people plan later in 2013.

**Existing 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.

20. The Government is 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. This ambition is part of the Prime Minister's Challenge on Dementia and follows the *Living well with dementia: a National Dementia Strategy* and associated impact assessment and equality assessment,<sup>7</sup> which identifies key objectives aimed at securing significant improvements in the quality of services provided to people with dementia.

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

**Existing 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.

21. The Government is updating this objective to include NHS England making rapid progress, working with CCGs and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. This includes ensuring there are adequate liaison psychiatry services. We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the soon to be published Mental Health Crisis Care Concordat.

<sup>7</sup> <http://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

22. This builds on '*No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages*'<sup>8</sup> and its associated Impact Assessment,<sup>9</sup> which sets shared objectives to improve people's mental health and wellbeing and improve services for people with mental health problems. One example of a liaison psychiatry service is the Rapid Assessment Interface and Discharge (RAID) model. This has been independently evaluated by the London School of Economics and Political Science (in conjunction with the centre for mental health) in '*Economic evaluation of a liaison psychiatry service*',<sup>10</sup> and was found to be cost saving.
23. The Government is also updating this objective to continue to extend and offer more open access to Improving Access to Physiological Therapy (IAPT) including planning for country-wide service transformation of children's and young people's IAPT. '*Talking therapies: a 4 year plan of action*' and its associated Equality Analysis<sup>11</sup> and Impact Assessment<sup>12</sup> outline how the Government's commitment to expanding access to psychological therapies will be achieved in four years from April 2011.
24. The Government is also updating this objective to ask NHS England to work with the Department of Health and other stakeholders to develop a range of costed options in order to implement these standards starting from April 2015, with a phased approach depending on affordability. Further work on the evidence base will be published alongside these options as they are developed.

## Making sure people experience better care

25. The Government is introducing a **new objective** for NHS England to take forward the actions they have agreed in response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry,<sup>13</sup> working closely with its partners to achieve change with significant progress expected in 2014/15. The further

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<sup>8</sup> <http://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

<sup>9</sup> <http://www.gov.uk/government/publications/no-health-without-mental-health-impact-assessment>

<sup>10</sup> [http://www.centreformentalhealth.org.uk/pdfs/economic\\_evaluation.pdf](http://www.centreformentalhealth.org.uk/pdfs/economic_evaluation.pdf)

<sup>11</sup> <http://www.gov.uk/government/publications/talking-therapies-a-4-year-plan-of-action>

<sup>12</sup> <http://www.gov.uk/government/publications/talking-therapies-impact-assessment>

<sup>13</sup> <http://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report>

response will be published this autumn, alongside an Impact Assessment and equalities analysis as appropriate.

**Existing 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.

26. Following publication in late 2012 of the Government's response to the inquiry into Winterbourne View private hospital, the Government has updated this objective to reflect NHS England's commitment to take forward the actions they signed up to in the final report and the Winterbourne View Concordat, with its associated impact assessment and equality analysis.<sup>14</sup>

**Existing 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.

27. The NHS Friends and Family test asks patients in hospital wards, A&E departments or using maternity services a question to identify if they would recommend a particular department or ward to their friends and family. To improve our understanding of NHS patient experience, the Government is updating this objective to extend 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. This builds on the *NHS Friends and Family Test: implementation guidance*<sup>15</sup> and accessibility issues discussed within the guidance, and its associated impact assessment.<sup>16</sup>

<sup>14</sup> <http://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

<sup>15</sup> <http://www.gov.uk/government/publications/nhs-friends-and-family-test-implementation-guidance>

<sup>16</sup> <http://www.gov.uk/government/publications/friends-and-family-test-impact-assessment>

**Existing objective:** to improve the standards of care and experience for women and families during pregnancy and in the early years for their children.

28. Following publication in February 2013 of *'Better health outcomes for children and young people: Our pledge'*,<sup>17</sup> the Government is updating this objective to include asking NHS England to take forward the pledges to which they signed up in this document, to improve the physical and mental health outcomes for all children and young people. This reflects the strategic ambitions for children and young people, and as a result an Impact Assessment is not appropriate.

## Finance

**Existing objective:** to ensure good financial management and unprecedented improvements in value for money across the NHS, including ensuring the delivery of its contribution, and that of CCGs, to the QIPP programme.

29. The Government is updating this to reflect its commitment to ensuring the development of a fair and transparent identification and payment system for overseas visitors and migrants accessing the NHS. The Department of Health will, therefore, continue to work with NHS England to identify cost effective ways of maximising the recovery of costs incurred through the treatment of chargeable patients. Following the consultation,<sup>18</sup> this will be described in forthcoming legislation and an associated impact and equality assessment.

<sup>17</sup> <http://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

<sup>18</sup> <http://www.gov.uk/government/consultations/migrants-and-overseas-visitors-use-of-the-nhs>

