



# The NHS Mandate

*Reference document for policy impact  
assessments*

# About this document

The purpose of this document is to collate the Impact Assessments (IAs) for the policies contained within the mandate to the NHS Commissioning Board.

This document accompanies, and should be read in conjunction with, the mandate.

# The Mandate and objectives for the NHS Commissioning Board

## Background

1. This will be the first mandate the Secretary of State issues to the NHS Commissioning Board, setting out the Government's ambitions on how the NHS can improve services to the public. It covers the period April 2013 to the end of March 2015. The mandate and its contents will be reviewed annually. In order to provide stability for the NHS, the mandate will only be able to be changed mid-year in limited circumstances.
2. The mandate is one part of a broader relationship through which the Secretary of State will hold the Board to account. The Board will also operate to standard Government accountability features such as framework agreements setting out working relationships and 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 which the Board is required to commission and impose requirements on it in relation to commissioning functions.

## Introduction

3. The NHS Outcomes Framework<sup>1</sup> was introduced to enable the Secretary of State to hold the Board to account for health outcomes in England. The purpose of the NHS Outcomes Framework is threefold:
  - a. To provide a national level overview of how well the NHS is performing;
  - b. To provide an accountability mechanism between the Secretary of State and the NHS Commissioning Board; and
  - c. To act as a catalyst throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities.
4. The NHS Outcomes Framework was accompanied by an impact assessment<sup>2</sup> with evidence supporting this approach at the time it was published; further references to the NHS Outcomes Framework will be made in this document.
5. The mandate sets the Board the overarching objective of improving health outcomes as identified in the five areas covered by the domains of the NHS Outcomes Framework. The subsequent sections in the mandate detail how they are expected to work towards improving outcomes under each of the domain headings.

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<sup>1</sup> Department of Health, December 2011  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131700](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700)

<sup>2</sup> Department of Health, December 2010. A link to the original impact assessment can be found at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122944](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944)

## Domain 1: Preventing people from dying prematurely

6. This section sets the objective for the Board to make measurable progress towards making England one of the most successful countries in Europe at preventing premature deaths. This directly relates to improvement in the indicators under domain one of the NHS Outcomes Framework. This section also sets several objectives aimed at helping the NHS work towards preventing premature mortality. The Board is expected to demonstrate progress towards the following four areas of progress:
- Working with Public Health England to support local Government in the roll out of NHS Health Checks. The costs and benefits of this will be examined in a forthcoming impact assessment from the Department of Health<sup>3</sup>
  - Ensuring people have access to the right treatment when they need it, including NICE approved drugs and technologies. The impact of the inclusion of this policy in the NHS Constitution was covered in the Impact Assessments for the Health Bill 2009<sup>4</sup>.
  - Publishing outcomes data for all major specialties by 2015 (to be disaggregated to clinical commissioning group level), and the strengthening of quality accounts. An impact assessment of Quality Accounts is included in the Impact Assessments for the Health Bill 2009 (as referenced above).
  - Preventing illness by ensuring staff use every contact they have with patients to help people stay in good health. This was recommended by the NHS Future Forum in their report on the role of the NHS in the public's health<sup>5</sup>

## Domain 2: Enhancing quality of life for people with long-term conditions

7. This section sets the objective for the Board to make measurable progress towards making the NHS among the best healthcare systems in Europe at supporting people with ongoing health problems. This directly relates to improvement in the indicators under domain two of the NHS Outcomes Framework. The first part of this is objective involves improving patient and carer involvement in decisions about care. Achieving this objective would mean that by 2015:
- more people would have developed the skills and knowledge to manage their own health
  - more people with long-term care plans will be offered a personalised care plan that reflects their preferences. A guide for commissioners was published<sup>6</sup> by the Department of Health with an accompanying impact assessment<sup>7</sup>

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<sup>3</sup> Department of Health, forthcoming *"Mandatory public health functions for local authorities to provide in improving the health of their populations"*

<sup>4</sup> Department of Health, May 2009  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_099759.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_099759.pdf)

<sup>5</sup> Department of Health, January 2012  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132114.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132114.pdf)

<sup>6</sup> Department of Health, January 2009  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093354](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093354)

<sup>7</sup> Department of Health, March 2009. A link to the impact assessment can be found here  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_095647](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_095647)

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- more patients have been given the option of holding a Personal Health Budget. This is a policy currently being piloted and a report on the progress of the pilots is expected soon. An impact assessment<sup>8</sup> was carried out at the start of the pilot programme, and a further impact assessment will be carried out following the end of the pilot.
  - the five million carers looking after friends and family members will routinely have access to information and advice about the support available. This area of work was covered by *Recognised, valued, supported: Next steps for Carers Strategy*<sup>9</sup> and the corresponding impact assessment.
8. This section also sets the objective of improving how technology is used to help people manage their own health. This area of policy was covered by Government's information strategy as set out in *Power of Information*<sup>10</sup> and the corresponding impact assessment<sup>11</sup>. An objective detailing the Board's role in improving the integration of care is also included in this section. This follows on from a report commissioned by the Department of Health and the NHS Future Forum from the King's Fund and the Nuffield Trust, looking at the benefits and implications of implementing more integrated healthcare<sup>12</sup>. A national evaluation of the Department of Health's integrated care pilots was also published in March 2012<sup>13</sup>.
9. Dementia is highlighted in this section as a long-term condition of particular importance. It is estimated that in 30 years time, the number of dementia sufferers will increase, to afflict 1.4 million people. This follows on from *Living well with dementia: a National Dementia Strategy*<sup>14</sup> and accompanying impact assessment<sup>15</sup>.

### Domain 3: Helping people to recover from episodes of ill health or following injury

10. In order to reduce the level of variation in standards of care, the mandate sets the Board the objective of improving the availability and presentation of information on the quality of services at the level of local councils, clinical commissioning groups, providers of care and consultant-led teams. This will enable the public and commissioners of care to identify where there is scope for improvement. This will involve the development of clinical audit and patient-reported outcome and experience measures. An impact assessment of the NHS (Quality Accounts) Regulations 2010 was made to evaluate the

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<sup>8</sup> Department of Health, February 2009. A link to this document can be found at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_094806](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_094806)

<sup>9</sup> Department of Health, November 2010. This link also contains a link to the impact assessment for this strategy:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077)

<sup>10</sup> Department of Health, May 2012 <http://informationstrategy.dh.gov.uk>

<sup>11</sup> Department of Health, May 2012. A link to the impact assessment can be found here:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_134181](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134181)

<sup>12</sup> King's Fund and Nuffield Trust, January 2012 <http://www.kingsfund.org.uk/sites/files/kf/integrated-care-patients-populations-paper-nuffield-trust-kings-fund-january-2012.pdf>

<sup>13</sup> Department of Health, March 2012  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_133124](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133124)

<sup>14</sup> Department of Health, February 2009  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

<sup>15</sup> Department of Health, January 2009  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_094055.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094055.pdf)

likely benefits of regulating the quality of information on NHS service quality.<sup>16</sup> The information strategy referenced in the previous section also provides information on ways that patients will be able to give feedback on their care and obtain information on service providers.

11. This section also sets the objective that when proposing significant changes to services in a local area, four key conditions must be met. These conditions have been set out previously as necessary for service reconfiguration<sup>17</sup>
12. The mandate sets a specific objective to ensure parity of esteem between mental and physical health, a key element of delivering this objective is extending the Improving Access to Psychological Therapies (IAPT) programme, an impact assessment was published alongside the national guidelines for regional delivery<sup>18</sup>.

### Domain 4: Ensuring that people have a positive experience of care

13. This section focuses on improving patient experience of care in the NHS. An interim report based upon Care Quality Commission inspections of 150 hospitals and care homes for people with learning disabilities and autism revealed poor standards of care in many of the facilities inspected<sup>19</sup>. A full report based upon the inquiry into the abuse of patients at Winterbourne View Hospital is due to be published shortly. To address the issues raised by these events, the Board is set a specific objective to ensure that vulnerable people, especially those with learning disabilities and autism, receive safe, appropriate, high quality care.
14. The mandate also sets the objective that the NHS in England should have the highest standards of care; indicators measuring this aspect of patient experience are included in domain 4 of the NHS Outcomes Framework. This objective particularly draws attention to the experiences of older people and of people at the end of their lives. This latter point continues the work of the *End of Life Care Strategy – promoting high quality care for all adults at the end of life*<sup>20</sup>, which was published with an accompanying impact assessment.
15. This section also sets the objective that the Board should make progress in measuring and understanding how people feel about the care they receive. An element of this objective is to extend the Friends and Family Test<sup>21</sup> that is currently part of the NHS Staff Survey, to patients in acute and A&E settings. A separate impact assessment

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<sup>16</sup> Department of Health, February 2010  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_112460](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_112460)

<sup>17</sup> Department of Health, July 2010  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_117899](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_117899)

<sup>18</sup> Department of Health, February 2008  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083150](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083150)

<sup>19</sup> Department of Health, June 2012 <http://www.dh.gov.uk/health/files/2012/06/Department-of-Health-Review-Winterbourne-View-Hospital-Interim-Report1.pdf>

<sup>20</sup> Department of Health, July 2008. A link to the impact assessment for this strategy can be found at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086277](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277)

<sup>21</sup> Department of Health, October 2012 <https://www.wp.dh.gov.uk/publications/files/2012/10/NHS-Friends-and-Family-Test-Implementation-Guidance-v2.pdf>

examining the likely costs and benefits of this policy is currently being finalised for publication and will be available soon.

16. This section also sets the objective to the Board, that they should work with others to improve standards of care for women and families during pregnancy and children's early years, including by offering all pregnant women a choice of providers. The Government has previously stated its commitment to choice in maternity services<sup>22</sup>. The more general implications of an extension of any qualified provider are examined in an impact assessment published in July 2011<sup>23</sup>. Current National Institute for Health and Clinical Excellence (NICE) antenatal<sup>24</sup> and postnatal quality care standards state women should have a named midwife, in the postnatal period this person is referred to as a named healthcare professional<sup>25</sup>. NICE intrapartum care guidelines incorporate the importance of 1 to 1 care in labour and birth in their recommendations for support in labour<sup>26</sup>. Related to this, is a restatement of the Government's intention to increase the number of health visitors working in the NHS<sup>27</sup>.
17. In the area of care for children and young people, this section sets an objective for the Board to ensure that children have access to the services identified in their agreed care plan, and that their parents can access a personal budget based on a single assessment across health, social care and education. This is an extension of the personal health budget policy referred to earlier in this document. As stated earlier, an impact assessment will shortly be published looking at the evaluation of the pilot programme.
18. The Board also has the objective of upholding, and where possible, improving upon levels of performance in access to care as set out in the NHS Constitution<sup>28</sup>. A consultation on the NHS Constitution was recently published by the Department of Health.

### **Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm**

19. This section sets the objective of reducing the number of incidents of avoidable harm and making measurable progress towards embedding a culture of patient safety. This includes taking action to identify those at particular risk of suicide, for example mental

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<sup>22</sup> Department of Health, October 2010  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_120613.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120613.pdf)

<sup>23</sup> Department of Health, July 2011  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_128457](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_128457)

<sup>24</sup> NICE, September 2012 <http://publications.nice.org.uk/quality-standard-for-antenatal-care-qs22>

<sup>25</sup> NICE, October 2006 <http://www.nice.org.uk/nicemedia/live/10988/30146/30146.pdf>

<sup>26</sup> NICE, September 2007 <http://publications.nice.org.uk/intrapartum-care-cg55/key-priorities-for-implementation>

<sup>27</sup> Department of Health, February 2011  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124202](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202)

<sup>28</sup> Department of Health, March 2010  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613)

health patients, and taking reasonable steps to reduce suicide and self-harm. This follows on from the work in the strategy<sup>29</sup>.

### Freeing the NHS to innovate

20. This section sets the objective that the Board should strengthen the local autonomy and initiative of clinical commissioning groups, health and wellbeing boards and local providers of services. This compliments an existing duty of the Board under the Health and Social Care Act 2012. The Bill for this Act was accompanied by combined impact assessments<sup>30</sup>.
21. In order to make the system more responsive and innovative, this section also sets the Board the objective of creating a fair playing field for providers and improving and extending the system of pricing. Work on the impact of NHS reforms around choice and competition and possible distortions to the fair playing field for providers is detailed in the impact assessments of the Health and Social Care Bill 2011<sup>31</sup>. An impact assessment of the extension of Any Qualified Provider was issued with the Government's response to comments received on extending patient choice of provider<sup>32</sup>.

### The broader role of the NHS in society

22. Under the provisions of the Health and Social Care Act 2012, the Board has a duty to promote innovation and health research. This section highlights the role the NHS plays in promoting economic growth and sets the strategic objective that the Board should work with other public sector partners in areas where healthcare commissioners play a role.

### Finance

23. Given the current financial climate, the Board needs to continue building on the QIPP<sup>33</sup> programme, maintain levels of good financial management and look for value for money in its commissioning. It is also bound by relevant Government guidance on the management of public finances, which are summarised in the Framework Agreement between the Department and Board.

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<sup>29</sup> Department of Health, September 2012 <http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-Government-outcomes-strategy-to-save-lives.pdf>

<sup>30</sup> Department of Health, January 2011  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129917.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129917.pdf)

<sup>31</sup> Department of Health, January 2011  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\\_123583](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_123583)

<sup>32</sup> Department of Health, July 2010  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128461.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128461.pdf)

<sup>33</sup> <http://www.evidence.nhs.uk/qipp>