



Department
of Health

Interim Coordinating Equality and Impact Statement

**Refreshing the Mandate to NHS
England 2014 - 2015**

July 2013

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Introduction

1. The purpose of this document is to collate the evidence bases for the policies contained within '*Refreshing the Mandate to NHS England: 2014 - 2015*'. This document accompanies, and should be read in conjunction with, the previous coordinating impact assessment and equality analysis to the Mandate, both of which remain relevant to this consultation.¹
2. The first Mandate, published in November 2012, covers the period April 2013 to March 2015. It sets the Government's ambitions for NHS England² as well as the funding available to achieve and deliver the kind of care people need and expect.
3. It was developed following an extensive 12 week consultation from July 2012 to September 2012. The consultation exercise included:
 - A series of discussions with stakeholders from the health and care community, ranging from small meetings to larger-scale events;
 - Receiving 212 consultation responses in the form of letters, email responses and feedback via the website;
 - Over 24,000 unique page views of the Mandate webpages; and
 - 80 people responding to an online survey set up to poll what people thought about the objectives.
4. 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.
5. 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 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 that NHS

¹ <https://www.gov.uk/government/publications/the-nhs-mandate>

² Legally known as National Health Service Commissioning Board

England is required to commission and impose requirements on NHS England in relation to its commissioning functions.

Approach to the Mandate refresh

6. A core aim of the Mandate is to provide constancy of purpose by setting the strategic direction for NHS England. The Government is therefore proposing to carry forward all of the existing objectives in the current Mandate. However, the scale of the challenge facing the NHS and the wider health and care system is becoming increasingly clear. In addition, new developments and evidence have come to light since the publication of the Mandate in November 2012, which calls on the Government and NHS England to act, in particular:
 - The actions being taken in response to Robert Francis QC's report to transform patient care;
 - Ensuring the NHS contributes to economic growth; and
 - Building an NHS that supports vulnerable older people.
7. This document sets out the proposed changes to the current Mandate and links to the policies and evidence used to develop these proposals. It also links to where the necessary corresponding work to assess their impact and ensure the Public Sector Equality Duty is met. Where further engagement is planned over the summer, the impact of those policies will be set out separately and how they have taken into account the Public Sector Equality Duty.
8. In addition, the current Mandate, with its corresponding equality analysis, highlights that NHS England should be striving to improve outcomes for all.³ In order to ensure NHS England work to reduce avoidable health inequalities and advance equality, the current Mandate did not set a separate single objective. Instead it challenged NHS England to demonstrate progress by 2015 on how they tackled health inequalities and advanced equality in each and every objective.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127196/Full-EA-Mandate-v11.pdf.pdf

Stating:

“The NHS is a universal service for the people of England, and the NHS Commissioning Board is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold the Board to account for how well it discharges these duties.”

9. The Department of Health will hold NHS England to account for the progress they make in seeking to achieve all the objectives in the Mandate.
10. As highlighted in the Mandate’s existing equality analysis, good practice shows that embedding equality, human rights and diversity into the day-to-day systems and behaviours in an organisation is the most effective way to advance equality, eliminate discrimination and foster good relationship between people with different protected characteristics. Advancing equality and reducing avoidable health inequalities must be at the centre of every objective in the Mandate. Working to a separate single objective may have meant that this important work was seen as other people’s business rather than core to the day-to-day work of NHS England.
11. The Government is proposing to take forward all current objectives and run a full 12 week public consultation on this approach. With the aim to publish a further equality analysis and impact assessment in the autumn, alongside the Mandate for 2014-15,
12. Nonetheless, 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.
13. Therefore, through this consultation the Department of Health will to engage with a broad range of stakeholders and ensure that our proposed

changes take full account of the protected characteristics as set out in the Public Sector Equality Duty. These are:

- Age
- Disability
- Gender reassignment
- Being married or in a civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

14. The Department of Health would welcome comments from everyone, including those who can identify potential adverse effects on those with protected characteristics and the impacts of the changes to the current Mandate suggested.

Evidence

Updates to existing objectives

The following section details the additional elements proposed in the consultation on this refresh and links to the evidence bases for each, where appropriate.

Helping people live well for longer

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

The Government is proposing to update this to: make measurable progress towards avoiding at least 10,000 excess deaths per year by 2018, through healthcare interventions, as part of their contribution to the new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020. This wider ambition was set out in '*Living Well for Longer: A call to action to reduce avoidable premature mortality*'.⁴ This builds on '*Improving Outcomes: a strategy for cancer*'⁵ and '*Cardiovascular Disease Outcomes Strategy*'.⁶

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.

⁴ <https://www.gov.uk/government/publications/living-well-for-longer-a-call-to-action-to-reduce-avoidable-premature-mortality>

⁵ <https://www.gov.uk/government/publications/the-national-cancer-strategy>

⁶ <https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy>

The Government is proposing to update this to: reflect the specifics of the new plans by NHS England to strengthen A&E services. This review will be published by NHS England and aims to provide sustainable and long term solutions to the problems experienced in urgent and emergency care.

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.

The Government is proposing to update this 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 follows the '*Living well with dementia: a National Dementia Strategy*' and associated equality impact assessment,⁷ which identifies key objectives that will result in 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.

The Government is proposing to update this to: ensure acute and emergency care for people in mental health crisis is as accessible and high-quality as for physical health emergencies. This will include close cooperation with A&E services as well as working with the police and other key partners to ensure people get the care they need in the most appropriate setting; and ensure that there is adequate liaison psychiatry services to support effective crisis care. This builds on '*No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages*',⁸ which sets shared objectives to improve people's mental health and wellbeing and improve services for people with mental health problems. Liaison psychiatry

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

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

services have 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*',⁹ and were found to be cost-saving.

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.

The Government is proposing to update this to: work with the Department of Health and other stakeholders to develop a range of costed options for funding and implementing new access and / or waiting time standards for mental health services by the end of March 2015, and be prepared and committed to introducing those standards as they are agreed to be announced before the end of March 2015; and continue to extend and offer more open access to Improving Access to Psychological Therapy (IAPT) including, particularly for children and adults of working age, planning for country wide service transformation. '*Talking therapies: a 4 year plan of action*'¹⁰ outlines how the Government's commitment to expanding access to psychological therapies will be achieved in four years from April 2011.

Making sure people experience better care

Existing objective: to improve standards of care and not just treatment, especially for older people and at the end of people's lives.

Depending on the outcome of the consultation, other existing objectives may also be updated.

The Government has announced its intention to publish a plan for vulnerable older people in autumn 2013. It will set out our expectations for primary care, urgent and emergency care, and for the integration of services for the benefit of everyone. The Department of Health and NHS England will seek views on

⁹ http://www.centreformentalhealth.org.uk/pdfs/economic_evaluation.pdf

¹⁰ <https://www.gov.uk/government/publications/talking-therapies-a-4-year-plan-of-action>

how to achieve this ambition over the summer. The initial proposals for the priority areas for action are:

- (i) Better early diagnosis and support to stay healthy;
- (ii) Named accountable clinician;
- (iii) Improved access to primary care services;
- (iv) Consistent and safe out-of-hours services;
- (v) Enhanced choice and control; and
- (vi) Better information sharing.

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

Existing objective: None

The Government is proposing a new objective to: meet their commitments in response to the Francis report, and as part of '*Patients First and Foremost*'¹¹ working closely with clinical commissioning groups and others to implement both the substance and the spirit of the system wide response. This includes promoting and encouraging healthy open cultures, where staff are engaged and motivated to do the right thing.

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.

The Government is proposing to update this to: reflect the actions which NHS England signed up to in the final report and concordat that was developed in response to Winterbourne View, published in '*Winterbourne View Hospital: Department of Health review and response*' and associated impact and equality assessments.¹² This lays out clear, timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging.

¹¹ <https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report>

¹² <https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

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

The Government is proposing to update this to: reflect *'Integrated Care and Support: Our Shared Commitment'*¹³ and the pooled health and social care budget announced at Spending Round 2013. *'Integrated Care and Support'* 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 integration.

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

The Government is proposing to update this to: reflect the pledges made by NHS England to work with others to improve support for children, particularly for those most in need, in *'Better health outcomes for children and young people'*.¹⁴ For NHS England this means:

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

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.

¹³ <https://www.gov.uk/government/publications/integrated-care>

¹⁴ <https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

The Government is proposing to update this to: introduce the ‘friends and family’ test to general practice and community and mental health services by the end of December 2014; and the rest of NHS funded services by the end of March 2015. This builds on ‘*NHS Friends and Family Test*’ and its associated impact assessment.¹⁵ This test asks patients a simple question to identify if they would recommend a particular department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback.

Providing safe care

Existing objective: to reduce avoidable harm and make measurable progress by 2015 to embed a culture of patient safety in the NHS, including through improved reporting of incidents.

Following Robert Francis QC’s report, Professor Don Berwick, an international expert, has been asked to lead a national advisory group to review patient safety. The review will report in July on how best to quickly and efficiently ensure patient safety is an ever-present and constant feature in every NHS organisation and for every member of staff.

The Government is proposing to update this to: reflect on the role of NHS England in responding to Professor Don Berwick’s report on patient safety, and Dame Fiona Caldicott’s Information Governance Review, ‘*Information: To Share Or Not To Share? The Information Governance Review*’.¹⁶ The ‘*Information Governance Review*’ ensures that there is an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care.

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

¹⁶ <https://www.gov.uk/government/publications/the-information-governance-review>

Transforming services

Existing objective: to become more responsive and innovative.

The Government is proposing to update this to: work with Monitor to drive progress towards a fair playing field for the benefit of people receiving NHS care, including through setting clear expectations for commissioners on the approach to procuring services. Monitor recently published its '*Fair Playing Field*' review,¹⁷ which addresses the extent to which all potential providers of NHS care have a fair opportunity to offer their services to patients.

Existing objective: pre-existing commitments that were not specifically mentioned in the Mandate itself.

The Government is proposing to update this to: explore where additional leadership is required to support NHS England in their delivery of pre-existing Government commitments that were not specifically mentioned in the Mandate itself. These include: ensuring access to all innovative radiotherapy from April 2013, where clinically appropriate, safe and cost-effective (as set out in the '*Cancer Radiotherapy Innovation Fund*'¹⁸); patients to start consultant led non-emergency treatment within a maximum of 18 weeks of a GP referral (as set out in '*Introduction of a right to access services within maximum waiting times into the NHS Constitution*'¹⁹); and the commitment to 4,200 health visitors by 2015 to support new families (which builds on the '*Health visitor implementation plan*'²⁰).

Existing objective: to achieve a significant increase in the use of technology to help people manage their health and care.

¹⁷ <http://www.monitor-nhsft.gov.uk/fpfr>

¹⁸ <https://www.gov.uk/government/news/eight-thousand-patients-to-benefit-from-advanced-cancer-treatment>

¹⁹ <https://www.gov.uk/government/publications/impact-assessment-of-the-introduction-of-a-right-to-access-services-within-maximum-waiting-times-into-the-nhs-constitution>

²⁰ <https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015-sets-out-call-to-action>

The Government is proposing to update this to: challenge NHS England to support the NHS to go digital by 2018. In January 2013, the Secretary of State for Health Jeremy Hunt MP, challenged the NHS to ‘*go digital by 2018*’. The Government wants to move to paperless referrals in the NHS so that patients and carers can easily book appointments in primary and secondary care and for people to benefit from electronic prescribing in primary and secondary care. This builds on ‘*The Power of Information*’ and associated impact assessment and equality analysis, which sets the framework for transforming information across the health and social care system.²¹

Existing objective: to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. The Government wants a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services.

The Government is proposing to update this to: ensure this includes reporting on the quality of services at GP practice level and also at the level of consultant-led teams for a number of specific specialties. This builds on ‘*The Power of Information: putting all of us in control of the health and care information we need*’ and associated impact assessment and equality analysis,²² which was published in 2012 and sets a 10-year framework for transforming information for the NHS, public health and social care.

Supporting economic growth

Existing objective: to contribute to economic growth.

The Government is proposing to update this to: support innovation by working with the Department of Health and others to help drive forward the Prime Minister’s initiative, announced in December 2012, to sequence 100,000 whole genomes over the next three to five years by supporting its implementation and delivery and by preparing the NHS for the adoption of genomic technologies. This forms part of the ‘*UK Life Sciences Strategy*’,²³

²¹ <https://www.gov.uk/government/publications/giving-people-control-of-the-health-and-care-information-they-need>

²² <https://www.gov.uk/government/publications/giving-people-control-of-the-health-and-care-information-they-need>

²³ <https://www.gov.uk/government/publications/uk-life-sciences-strategy>

which focuses on applying biology in healthcare applications. It also explains how the UK will become the global hub for life sciences in the future, providing an unrivalled ecosystem that brings together business, researchers, clinicians and patients to translate discovery into clinical use for medical innovation within the NHS.

Making better use of resources

<p>Existing objective: to ensure good financial management and unprecedented improvements in value for money across the NHS.</p>

The Government is proposing to update this to: take steps to ensure NHS organisations recover the costs they incur from overseas visitors where appropriate, subject to the consultation and independent audit. The Government also proposes asking NHS England to take more effective action to reduce fraud and unlawful activity affecting the NHS.

