



Department
of Health

Coordinating Impact and Equality Statement

**A mandate from the Government to
NHS England: April 2015 to March
2016**

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Introduction

1. The purpose of this document is to collate the evidence bases for the two updated policies in '*A mandate from the Government to NHS England: April 2015 to March 2016*'. This document accompanies, and should be read in conjunction with, the previous coordinating impact assessment and equality analysis to the two previous mandates, which still remain relevant.¹
2. The first mandate, published in November 2012, was a two year mandate from 2013 to 2015, and was refreshed in November 2013 for the year 2014/2015. The mandate sets the Government's ambitions for NHS England as well as the funding available to achieve and deliver the kind of care people need and expect.² 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.

¹ <http://www.gov.uk/government/publications/the-nhs-mandate>
<https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

² 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, and, in refreshing the mandate, to ensure the objectives remain relevant and up to date. For the updated mandate for 2015/16, 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. By holding the mandate stable, the Government is asking NHS England to continue to make progress on existing objectives, to enable the NHS to build on its achievements and make further progress on the ambitious agenda already set. In order to achieve this we have made proofing changes, including updating dates, to reflect that we are asking NHS England to continue to maintain its trajectory against achieving the objectives we are upholding in the mandate. After consideration of the updates, we remain confident that they do not have a substantive impact on the analysis from last year's mandate. The evidence that underlies these policies remains the same.
6. The Government welcomes NHS England's Five Year Forward View, which sets out how the NHS must adapt to meet the changing needs of our population. The changes described in the Five Year Forward View will better enable the NHS to meet the objectives described in this mandate, and an additional £1.83bn has been allocated to support the NHS in delivering these objectives in the face of increasing demand, including £200m to invest in transformation, with a particular focus on developing and testing the new models of care that the NHS feels will better enable it to deliver the Government's objectives, and £250m investment in new primary and community infrastructure. NHS England is also re-prioritising £150m of funding previously allocated for central expenditure which means an overall increase of £1.98bn.

7. There are only two significant changes to the mandate, which update existing objectives. In the updated mandate for 2015/16, we expect NHS England to:
 - meet its requirement to ring-fence £3.46bn to establish the Better Care Fund, and lead its effective implementation to join up health and social care services and improve the lives of some of the most vulnerable in society; and
 - introduce access and waiting time standards in key areas of mental health services by March 2016, as part of its wider objective to work towards parity of esteem between mental and physical health.
8. This document sets out the two updates to the current mandate and links to the policies and assessments of their impact where available, including ensuring the public sector equality duty is met.
9. 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.
10. 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.

11. 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.
12. The mandate therefore highlights that NHS England should be striving to improve outcomes for all. It challenges NHS England to demonstrate progress each year on how they have tackled health inequalities and advanced equality in each and every objective.
13. The Department has consulted and engaged with a range of key stakeholders in developing this update. In doing so, the Department has sought to ensure that reducing health inequalities and advancing equality 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.

Evidence base

14. The following section describes the additional elements in the refreshed mandate to NHS England for April 2015 to March 2016, and links to the evidence bases and equality assessments for each, where available.

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*', published in May 2013 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.³
16. We are therefore updating the existing objective to reflect NHS England's commitment to coordinate a major drive for better integration in 2015/16. This includes the introduction from April 2015 of the £3.8bn Better Care Fund which will establish new pooled budget arrangements for health and social care to support health and care services to work more closely together. The updated objective reflects how NHS England will operate the Better Care Fund, including the requirement to ring-fence £3.46bn to establish the Fund, and lead its effective implementation to join up health and social care services and improve the lives of some of the most vulnerable in society.
17. Pooled budgets for health and social care will provide a strong incentive for organisations to work together in local areas, to plan and deliver integrated NHS and local authorities' services. The associated impact assessment sets out the evidence base for the Better Care Fund, and the creation of pooled budgets for health and social care at local level.⁴ We

³ <http://www.gov.uk/government/publications/integrated-care>

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275531/Better_Care_Fund.pdf

will be considering the need for an equality analysis in the lead up to implementation of the fund from April 2015.

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.

18. In 2014/15 the Government asked NHS England to develop access and waiting standards for mental health to be introduced in 2015/16. This is an important part of the parity of esteem programme – which seeks to eliminate discrimination against people with a mental health problem – as there were no specific access and waiting standards for people with mental health problems such as those that exist in physical health.
19. The Government is updating this objective to reflect the progress made and to ask NHS England to take forward the actions for 2015/16 agreed in the document '*Achieving Better Access to Mental Health Services by 2020*'.⁵ This includes the introduction of access and waiting time standards in 2015/16 in the key areas of psychological therapies, early intervention in psychosis services and liaison psychiatry. The evidence base is published in an associated impact assessment.⁶ We expect that the roll out of these standards in 2015/16 will include a further consideration of the impacts on equality.

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362051/Impact_Assessment.pdf

