



HEALTH AND WELLBEING BOARD: 5 DECEMBER 2013

REPORT OF PROGRAMME DIRECTOR

NHS MANDATE

Purpose of report

1. The purpose of this report is to brief the Board about the Government's 2014/5-2015/6 NHS Mandate.

Policy Framework and Previous Decisions

2. The Mandate was originally published in November 2012 and is refreshed annually to support a rolling 2 year planning cycle.
3. A core aim of the Mandate is to provide consistency of purpose by setting the strategic direction for NHS England. It brings together the commitments of the NHS Outcomes Framework and those of the NHS Constitution, gives the policy context for health and care services, and sets out the ambitions, standards, and delivery requirements for the NHS as a whole, along with the funding available to achieve the type of care people need and expect. It highlights areas where the Government expect to see specific improvements and it is also the framework by which the NHS at national level is accountable to parliament, and the public.
4. The original Mandate published in November 2012 set an ambitious agenda for the two years April 2013 – March 2015, and aimed to strengthen the autonomy of local organisations and clinicians to innovate. It contained 24 objectives related to 5 priorities areas as follows:
 - Improving standards of care and not just treatment, especially for older people and at the end of people's lives;
 - The diagnosis, treatment and care of people with dementia;
 - Supporting people with multiple long term physical and mental health conditions, particularly by embracing opportunities created by technology and delivering a service which values mental and physical health equally;
 - Preventing premature deaths from the biggest killers;
 - Furthering economic growth, including supporting people with health conditions to remain in or find work.
5. There are 5 domains in the NHS Outcomes Framework, which reflect improving high level national outcomes and translating them into local level plans:-
 - Preventing people from dying prematurely;
 - Enhancing quality of life for people with long term conditions;
 - Helping people to recover from episodes of ill health or following injury;

- Ensuring that people have a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Background

6. The refreshed Mandate for 2014 – 2015 is supported by a recent letter setting out the context of the forthcoming planning arrangements and the updated NHS Outcomes framework.
7. Further planning guidance is also due in mid-December for the NHS and its partners.
8. Collectively these documents provide the backdrop for the development of integrated plans at organisational level for 2014/5 to 2015/6 for all health and local government partners.
9. The clear message from these documents is that planning will become more coordinated across agencies at both the national and local level. It is intended that Integrated plans from 2014/5 onwards will demonstrate much better alignment strategically and operationally between agencies in order to:
 - a. Achieve improvements in care pathways, in particular through greater integration of care, coordinated around individuals and their needs, and enabled by the new Integrated Transformation Fund which comes into effect in 2015/6.
 - b. Improve the safety, effectiveness and user experience of local health and care services
 - c. Achieve improvements in the health and wellbeing of the population
 - d. Tackle the financial challenge through the development of joint solutions

Proposals/Options

10. New elements of the Mandate for 2014/5 onwards reflect the impact of recent developments affecting quality assurance, accountability and transparency, and the regulatory framework for the delivery of NHS funded care. These have taken into account recommendations from the Winterbourne, Francis, Berwick, Keogh and Clywd reports.
11. Some areas of the Mandate have been further developed to provide greater emphasis on particular aspects of care/care pathways for example:
 - a. A focus on further improvements related to mental health and wellbeing so that mental health services gain parity with physical health services in terms of access and availability generally, but in particular for crisis support and psychological therapies, including for children and young people.
 - b. Continuing the development of dementia services with an emphasis on early diagnosis.
 - c. Addressing the needs of vulnerable people, e.g. putting in place a named clinician/care coordinator for vulnerable older people.
 - d. The development of primary care services in order to meet future challenges such as shifting more care outside of the acute hospital sector, and being able to sustain this care on a 7 day a week basis.
 - e. The roll out of the friends and family test to all NHS services including primary care by March 2015.

- f. More joined up care in pregnancy and early years of life.
- g. A focus on integrated care, enabled by the Integration Transformation Fund and integration pioneer sites, including the better engagement of individuals, and those closest to them in their care, care planning and care coordination.
- h. Technological ambitions of the NHS – paperless by 2018.

Consultation/Patient and Public Involvement

- 12. The refreshed Mandate published in November 2013 has been subject to national public consultation (see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256445/mandate_consult_response.pdf for the Government’s response to the consultation.)
- 13. NHS England is currently rolling out a “call to action” engagement programme to gain further feedback about NHS care and services. Local events have been planned for the “call to action” and information about these can be found on the websites of local clinical commissioning groups.

Resource Implications

- 14. The NHS Mandate indicates the budget nationally for delivery against these priorities is £92,957m (revenue) and £320m (capital) in 2014/15 and £99,909m (revenue) and £220m (capital) in 2015/16.

Timetable for Decisions

- 15. The Health and Wellbeing Board will be considering the implications of the Mandate as part of the development session on commissioning intentions for 2014/5-2015/16.
- 16. Local proposals for integrated transformation fund priorities expenditure will require the approval of the Board in January for submission per the national timetable.
- 17. Local agencies will need to develop integrated plans for 2014/15- 2015/16 by March 2014. These plans will reflect the requirements of the Mandate, along with local health and care priorities as determined by the Joint Health and Wellbeing Strategy, and the Leicester, Leicestershire and Rutland “Better Care Together” programme. The integration transformation fund is an enabler for the health and care system as a whole to deliver against these priorities.

Conclusions/Recommendations

- 18. It is recommended that:
 - a) Members of the Board translate the requirements of the Mandate into local Integrated Plans by March 2014;
 - b) Members of the Board translate the priorities and actions from the Joint Health and Wellbeing Strategy into local integrated plans by March 2014;

- c) Members of the Board collaborate and ensure coordination of planning assumptions including through the Integration Transformation Fund submission in February;
- d) The Board seeks assurance by February that the Integration Transformation Fund submission will enable delivery of national and local priorities;
- e) The Board seek assurance by March 2014 that the Mandate priorities will be delivered in accordance with national expectation and milestones;
- f) The Board seek assurance by March 2014 that that the priorities and actions within the joint health and wellbeing strategy will be delivered in accordance with local expectations and milestones.

Background papers

NHS Mandate 2013-15

<http://www.pulsetoday.co.uk/Uploads/2012/11/13/n/s/n/mandate.pdf>

NHS Mandate 2014 -15

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Planning Letter November 2013 <http://www.hsj.co.uk/Journals/2013/11/12/m/z/q/4-Nov-2013-Joint-planning-letter.pdf>

NHS Outcomes framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

NHS Constitution

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf>

Integration Transformation Fund Guidance Letter October 2013

<http://www.hsj.co.uk/Journals/2013/11/12/m/z/q/4-Nov-2013-Joint-planning-letter.pdf>

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessments

Equality and Human Rights Implications

An Impact and Equality Statement for the NHS Mandate has been developed nationally and can be viewed at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256409/coordinating_impact_equality_statement_mandate.pdf

Partnership Working and associated issues

19. The delivery of the priorities in the NHS Mandate through local integrated plans for the period 2014/15-2015/16 will rely on close partnership working between health and local government and across the full spectrum of stakeholders and agencies engaged with the health and wellbeing board. The planning guidance has been designed to ensure agencies collaborate on local planning and develop joint solutions in order to meet service and financial challenges while improving the quality of care and the overall health and wellbeing of the population.

Risk Assessment

20. Local integrated plans in response to the Mandate will require individual and collaborative risk assessment, including the risk assessment associated with the integrated transformation fund.

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