POLICY BRIEFING

NHS mandate and national outcomes frameworks – implications for local authorities

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Summary

The Government's mandate to the NHS Commissioning Board (NHS CB) sets out a direction for the NHS that will have a major impact on joint work between clinical commissioning groups (CCGs) and local authorities. Most of the topics in the mandate are already shared local priorities, and there is significant emphasis on further integration, including in areas that have traditionally been difficult to implement such as access to records. The NHS CB is expected to work in partnership with the Local Government Association (LGA) at a national level and with local authorities at a local level.

Briefing in full

Background

The Department of Health's (DH) mandate to the NHS Commissioning Board (NHS CB) sets out the strategic direction for the NHS and objectives that the board is legally obliged to pursue from April 2013 to March 2015. A draft mandate was circulated in summer 2012 for comments and the final version incorporates this feedback.

Other than in exceptional circumstances such as a general election the mandate cannot be changed in the course of a year without the board's agreement. The DH emphasises that the mandate is not just a list of requirements; it should be used to promote autonomy in local commissioners and 'release energy, ideas and enthusiasm' from frontline staff and organisations.

The mandate has five improvement areas corresponding to the five domains of the NHS Outcomes Framework (NHSOF), and indicators from the OF will be used to measure progress. The consultation draft proposed setting targets – 'levels of ambition' – for certain indicators but this was seen as potentially leading to perverse

incentives or political interference. Therefore progress will be measured against the 'average level of improvement' and by reducing health inequalities and unjustified variations.

The NHS constitution and service standards in areas such as dementia and stroke care will also set out what is expected from the NHS. The Government indicates that its aims will take many years to achieve but if the NHS CB is successful, patients will see improvements across the NHS by March 2015. Locally, CCGs will need to produce prospectuses for improvement in February or March 2013 setting out what they intend to achieve in the next few years.

Preventing people from dying prematurely

England has worse premature mortality rates than many other European countries for cancer, liver and lung disease, and for babies and young children. The mandate indicates that 20,000 lives would be saved if mortality levels in England were reduced to the best in Europe. The NHS CB should also 'urgently address' persistent inequalities in life expectancy and healthy life expectancy. Stakeholders including local authorities need to invest time in developing strong partnerships so rapid progress can be made from April 2013.

The NHS CB's objective is to make measurable progress to becoming one of the most successful countries in Europe at preventing premature deaths by 2016. To do this, the NHS CB should make significant progress in the following objectives.

- Supporting earlier diagnosis of illness, particularly through primary care and tackling risk factors such as high blood pressure and cholesterol. This will include working with Public Health England (PHE) to support local government in delivering NHS Health Checks.
- Ensuring people have access to the right treatment, including National Institute for Health and Care Excellence (NICE) recommendations.
- Reducing unjustified variation in avoidable deaths in hospitals. The NHS should publish outcome data for all major services by 2013, broken down by CCG, organisation and team providing care. The government intends to strengthen quality accounts which all NHS providers are required to publish.
- Using every contact between staff and the public as an opportunity to prevent illness by the simple health messages of stopping smoking, eating less and exercising more (making every contact count). The NHS should also take action to promote the mental and physical health of its workforce.

Enhancing quality of life for people with long term conditions

The mandate points out that by 2018 nearly three million people, mainly older people, will have three or more chronic conditions at the same time. The NHS needs

to respond to these as individuals rather than as a 'collection of symptoms'. It needs to deliver joined-up care by ensuring its different sections and external partners such as local authorities all work effectively together.

The NHS CB's objective is to make measurable progress to making the NHS among the best in Europe at supporting people with long term health problems to live healthily, independently and in control over their care. To do this it should make significant progress in the following four areas by March 2015.

Involving people in their own care

The NHS CB's objective is to ensure that the NHS becomes 'dramatically' better at helping people to manage, control and make decisions about their care and treatment.

- Many more people will have developed the knowledge, skills and confidence to manage their own health.
- Everyone with a physical or mental long-term condition will be offered a personalised care plan that reflects preferences and agreed decisions
- Patients who could benefit will have the options of a personal health budget to increase control of their healthcare.
- The five million carers looking after friends and family members will routinely have access to information and advice about support available, including respite care.

Use of technology

The NHS CB's objective is to significantly increase the use of technology to help people manage their care, including the following measures.

- Online access to GP records for everyone who wants this; the Board should promote implementation of electronic records in all health and care settings.
- Clear plans will be in place to enable secure linking of electronic health and care records to allow a complete record of the care someone receives and to follow individuals, if they consent, across the NHS and social care.
- Everyone will be able to book GP appointments, order repeat prescriptions and have secure online communication with their GP practice; the option of online consultations will become much more widely available.
- By 2017 significant progress will have been made to support people with long-term conditions to manage their condition at home through telehealth and telecare.

Better integration of services

The NHS CB is 'uniquely placed to drive and coordinate engagement' with local authorities, CCGs, and local providers, and with the DH, Monitor, PHE and the Local Government Association (LGA). It must work with these organisations to identify and overcome barriers. National action will be needed in a number of areas such as better measurement of user experience of seamless care, new models of commissioning and contracting and better use of technology.

The NHS CB's objective is for improvements in the following areas:

- care coordinated around the needs, convenience and choices of individuals rather than organisations
- care centred on the person rather than specific conditions
- smooth transition between care settings and organisations, e.g. children's and adult services, health and social care
- service users equipped to manage their own care.

Diagnosis, treatment and care of people with dementia

People over 55 in England report that dementia is the disease they most fear. The government's objective for the NHS CB is that the diagnosis, treatment and care of people with dementia are amongst the best in Europe. To start to achieve this, the NHS CB will publish the expected level of diagnosis across the country up to March 2015 and will work with CCGs to meet the required levels and to provide appropriate local treatment services.

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

There are unacceptable variations in services that promote recovery both across England and within areas and services, so an objective for the NHS CB is to expose unacceptable practice and help people learn from the best. The government wants a 'revolution in transparency' – so that the NHS leads the world in availability of information about the quality of services'. This involves:

- reporting results at the level of local councils, CCGs, providers and consultant-led teams
- systematic development of clinical audit and patient reported outcome and experience measures (PROMs)
- investigating how to make it easier for people to give feedback on their care, and to see the reviews of others so that timely feedback about the NHS becomes the norm.

The NHS CB also has an objective to ensure that any service reconfigurations meet tests including strong patient and public engagement and clear clinical evidence-base.

Another objective for the NHS CB is to ensure parity between mental health and physical health. By March 2015 the government expects better access to the improving access to psychological therapies (IAPT) programme particularly for younger people and the unemployed.

Ensuring that people have a positive experience of care

This section deals with serious failings in care such as people being left in pain or not being helped to eat or drink. The government intends that managers in the NHS and social care sector will be held to account for major failings. The NHS CB has the long term objective of being recognised globally as having the highest standards of care particularly for older people and people at the end of life.

Significant progress is required by March 2015 in two main areas.

- Measuring and understanding how people feel about care and taking action to address poor performance through measures such as the family and friends test (would you recommend the service to a family member or friend?) and through increasing the proportion of people scoring their experience of care as excellent or very good.
- Joining up care across the NHS and local authorities to improve the standards of care and experience for women and families; this includes health visitors, local safeguarding, engaging with children with healthcare needs, and supporting children with disabilities and their parents through single assessments and personal budgets.

Timely access to services seven days a week and low waiting times are critical elements of the care experience. The NHS CB's objective is to uphold rights and commitments set out in the NHS Constitution and if possible improve performance levels. The Board should be able to identify levels of access to mental health services, and work with CCGs to improve performance.

Treating and caring for people in a safe environment and protecting them from avoidable harm

The NHS CB's objective is to continue to reduce avoidable harm and by 2015 make measurable progress to embed a culture of patient safety through improved reporting of serious incidents; CCGs should take all reasonable steps to reduce suicide and serious self harm.

NHS CB roles

The Government and the NHS CB agree that the mandate's ambitions cannot be achieved through a culture of central command and control. The Board will be held to account for strengthening the local autonomy of CCGs, health and wellbeing boards and local providers, with a process of comprehensive feedback assessing the

Board's performance. The Board will have to balance 'different ways of enabling local and national delivery' including:

- working in partnership with local authorities and commissioners particularly through health and wellbeing boards
- bringing NHS organisations together across larger geographical footprints as a convenor rather than a manager of the system
- controlling incentives for CCGs such as allocating the quality premium and overseeing the Quality, Innovation, Productivity, Prevention (QIPP) efficiency programme.

The Board's objective by 2015 is to ensure that patients' legal rights of choice of care are embedded and that further choice is extended. The any qualified provider policy should be extended to community and mental health services. The Government intends to publish a choice framework to help patients understand their rights, and is working with Monitor to create a fair playing field in commissioning.

Working with other public sector partners, such as councils, schools, job centres etc, to help each other achieve their objectives is not an 'optional extra' for the NHS. An objective for the Board is to make partnership a success particularly in government priority areas such as multi-agency family support services, and helping people with ill health to remain in or return to work, and avoid homelessness.

The NHS CB has the objective of achieving good financial management and 'unprecedented improvements in value for money'. It is responsible for allocating the budgets for commissioning NHS services across the country, based on transparency and equal access for equal need.

The NHS CB is responsible for directly commissioning certain services including GPs, military health, community pharmacies, dentists, and specialist national services.

Comments

In a time of economic gloom and organisational disruption, the NHS mandate brings some cheer from setting a positive direction. Having reported on NHS documents for a number of years, this is probably the first that will reach out to local authorities as well as the NHS. Avoiding partnership is not an option in the new world, which can only be a good thing.

How this is implemented in local areas is a different matter – some areas are benefitting from the fresh approach brought by new CCG partners while others are seeing previous advances with PCTs back-tracked – however, at least it sets the right scene.

The mandate has a strong focus on improving care, culture, patient/user/carer experience and tackling variations in service quality – understandable in light of continuing care scandals (forthcoming LGiU policy briefing). Local authorities will be fully signed up to this agenda.

Integration is a prominent theme. Recently the LGA and NHS CB have signed a concordat to promote better integration between health, public health and social care involving joint annual plans and regular meetings to assess progress. The NHS, adult social care and public health outcomes frameworks are increasingly being aligned to support integration, and for the first time have been published simultaneously. Improving health and care, the role of the outcomes frameworks explains how the frameworks include more systematic use of 'shared indictors' – the same indicator is shared across health, public health and social care, and 'complimentary indicators' – different measures contributing to the same issue. The NHS Future Forum recommended an explicit measure for people's experience of integrated care; this is included in the NHSOF as placeholder indicator 4.9 and the mandate describes the DH's intention to develop the methodology for this.

The mandate has more emphasis on local autonomy and leadership than its earlier draft, which has been welcomed by CCGs. However, there are questions about the nature of the Board's role. It is described as a 'convenor' not a 'manager'; it is required to work in partnership, but also has a number of drivers and levers to influence CCGs. It will need to operate in a highly skilful way, and questions may well arise about who has ultimate accountability for progress or when things go wrong. Budget issues will inevitably pose a particular challenge. For example, the mandate is seeking to extend access to mental health services, while many local authorities are reducing activity in this area.

For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk