



**RCN Policy and International Department
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The NHS Mandate

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Introduction

The Health and Social Care Act 2012 included radical reforms of the way that health care is commissioned in England. Central to these reforms has been the creation NHS England (formally called the 'NHS Commissioning Board').

NHS England's responsibilities include ones that were previously carried out by the Department of Health, Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) and is active at both the national and local level. The work of the Board is governed by a formal 'Mandate' given to it by the Secretary of State for Health, which delegates responsibility and sets objectives for it, currently to cover the period from April 2013 to March 2015.

This briefing provides an explanation of the Mandate, a summary of its objectives, and the RCN's position.

NHS England

NHS England has a range of different functions. It provides national leadership for the NHS in England, the most important aspect of which is developing and supporting the new commissioning structure. It directly commissions some services (specialist, dental, pharmacy and optical services, primary care and some public health services), and allocating funds for the commissioning of local hospital and community health services by Clinical Commissioning Groups (CCGs).¹

The NHS Mandate

Although the Secretary of State still has ultimate responsibility for providing a health service in England, from April 2013 this was shared with NHS England, which has a legal responsibility for promoting a comprehensive health service, free at the point of need.

The Mandate – A Mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015 was published on 13 November 2012² and refreshed on 12 November 2013. It contains a set of objectives given by the Secretary of State for Health to the NHS England to improve health care in England. NHS England is legally required to pursue the objectives in the Mandate.

The Mandate acts as a mechanism by which the Secretary of State and the Department of Health can direct NHS England's work, and by which they can hold it to account. However it does not allow them to interfere with the day-to-day running of the NHS. The Government has stated that its

¹ For more information, see the RCN policy briefing on the NHS Commissioning Board, available at:

www.rcn.org.uk/_data/assets/pdf_file/0004/492907/38.12_NHS_Commissioning_Board_briefing_FINAL.pdf

² Department of Health (2012) *The Mandate – A mandate from the Government to the NHS Commissioning Board April 2013 to March 2015*. Available at: www.mandate.dh.gov.uk (accessed 23/11/12).

aim in creating this new arrangement is to give freedom to clinicians and professionals to find the best way of meeting the objectives in their local areas.

The Mandate highlights the importance of infection prevention and control and the need to reduce avoidable harm as a result of infections that arise as a result of care. As the primary providers of care, nurses are in a unique position to influence standards of care and management of infection risks either as providers of direct care or specialist nurses supporting embedding and ownership of IPC at the clinical level. Its importance is reflected in the inclusion of HCAI indicators in the national Outcomes Framework and the recently published Chief Medical Officers 5 year antimicrobial resistance strategy⁸.

Many of the objectives in the Mandate relate to improving the health outcomes of the wider population, for example by reducing avoidable mortality and health inequalities. The Mandate contains a list of indicators that will be used to measure progress. These are taken from the *NHS Outcomes Framework*³, a separate document which gives more detail about the specifics of each indicator.

NHS England also has a duty under the *Health and Social Care Act 2012* to promote the rights and responsibilities contained in the *NHS Constitution*.⁴ Many of the objectives in the Mandate relate to pledges in the constitution, for example, the NHS's commitment to treat people in a clean and safe environment.

The Mandate and the Outcomes Framework will be updated annually, but the Government aims to keep these changes to a minimum. NHS England must report on the progress made against the objectives each year, and the Government will publish an annual assessment of NHS England's performance, including feedback from key stakeholders such as CCGs, local authorities, and patients.

What are the Mandate's objectives?

The Mandate contains a number of objectives, broken down into nine headings. The first five headings relate directly to the *NHS Outcomes Framework*. The indicators listed in that document will be used to measure progress.

1. Preventing people from dying prematurely

This section relates directly to the Government's ambition to make England one of the most successful countries in Europe at preventing premature death, and in so doing to improve people's quality of life. It is set for NHS England and CCG's, and requires them to collaboratively work towards preventing 30,000 premature deaths by 2020.

³ Department of Health (2012) *NHS Outcomes Framework 2013/14*. Available at: www.dh.gov.uk/health/2012/11/nhs-outcomes-framework (accessed 12/12/12).

⁴ Department of Health (2012) *The NHS Constitution for England*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961 (accessed 12/12/12)

NHS England must work towards this by:

- increasing early diagnosis
- tackling risk factors like high cholesterol and smoking to prevent illness
- making sure people have access to treatment when they need it
- reducing variation in avoidable mortality between hospitals.

2. Enhancing quality of life for people with long-term conditions

The section focuses on long term conditions, and is in response to current estimates of one in three of the population now living with one or more condition. It tasks NHS England with making treatment easier to access, and services more joined up, and requires progress against the following:

- involving people more in their care (including offering people a personalised care plan and/or a personal health budget) and helping them to manage their own health
- using technology to help people manage their care better by 2015 (including plans to make health records accessible for patients and health care providers, to increase the number of people using telehealth and telecare, and to introduce online communication and appointment booking with GPs)
- ensuring that services are better integrated
- improving diagnosis, treatment and care for people with dementia.

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

This section requires that NHS England improves standards by highlighting variation in quality and results between services, so that areas for improvement can be identified. This will involve gathering more data on patient outcomes and experience of care, and making this information available to patients.

In addition it requires that public and patient involvement arrangements be strengthened, so that changes to services are informed by service users. Any changes must:

- involve the public and patients
- be consistent with the need for patient choice
- have a clear clinical evidence base
- be supported by clinical commissioners.

This section also contains the objective to put mental health on a par with physical health, improving access to mental health services and the physical health of those with mental illness.

4. Ensuring that people have a positive experience of care

This section addresses the major care failings of recent times, such as Mid Staffordshire NHS Foundation Trust and Winterbourne View private hospital, it tasks NHS England to prioritise the quality and safety of care, and to work with CCGs and local authorities to do this.

Objectives include:

- making the NHS recognised as a global leader in care standards;
- introduction of a “friends and families test”, to ask about patient and service-users experience of care. This to be supported by financial rewards for successful organisations
- the promotion of education, training and workforce planning, with Health Education England, to ensure that the health workforce has the right values, skills and training to carry out high quality care
- improving the experience of women and families during pregnancy and their children’s early years
- offering parents of children and young people with special educational needs or disabilities the option of a personal budget across health, social care and education
- improving access and reduce waiting times for mental health services.

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

This section covers the importance of fostering a culture of patient safety in the NHS, one that must involve high quality nursing care, treating patients with dignity, and preventing patient safety incidents.

Objectives include:

- making measurable progress in reducing avoidable harm by 2015
- improving the reporting of incidents
- reducing the incidence of suicide, self-harm and harm to others
- reducing infections that arise as a result of care.

6. Freeing the NHS to innovate

This section relates to NHS England’s leadership role to develop the culture in the new organisations created by the reforms. The overarching theme is to give autonomy to organisations so they can decide how to meet the needs of the populations they serve.

Objectives include:

- strengthening the autonomy of CCGs, health and wellbeing boards, and providers, and ensuring the safe transference of commissioning responsibilities (originally by April 2013)
- embedding patients’ legal rights to make choices about their care and extending choice further (including choice of service provider)
- developing procurement practices across the NHS, to create a competitive market for NHS contracts, where there is a “fair playing field” between the public, independent or voluntary sector which can deliver for the interest of patients
- improving the system of prices paid to providers, so that transparency is increased and perverse incentives are stopped.

7. The broader role of the NHS in society

This section outlines how the NHS can contribute to wider society, and the economy. It describes how NHS England must encourage NHS organisations to work with schools, the police, prisons, local authorities and other organisations to protect the vulnerable, reduce violent crime, and support people to stay in work when they experience ill health.

It also details that NHS England must promote involvement by NHS organisations and patients in clinical research to find new treatments and innovations.

8. Finance

This section relates to NHS England's responsibility for allocating budgets for the commissioning of NHS services. The key objective is to achieve good financial management while also improving value for money. It also states that all budgets must be allocated in a way that takes into account the needs of the wider population, to ensure that all groups have equal access to services.

9. Assessing progress and providing stability

This section outlines NHS England's responsibilities regarding data and information, and places an obligation to ensure that outcomes data and information on the quality and value of services is published in the same way, whether the care is commissioned directly by NHS England or CCGs.

This requirement is given to ensure that comparisons can be made across the system, and to enable the Department of Health to hold NHS England to account.

The RCN position

The Government consulted on a draft version of the Mandate between June and September 2012, which was a much longer and more detailed document than the final Mandate published in November 2012. It then consulted on the refreshed Mandate in September 2013. The RCN responded to the consultations both individually and through its membership of the Social Partnership Forum, making detailed comments on the objectives and format of the draft documents.

The RCN welcomed the publication of the Mandate, which enshrines the founding NHS principles of being comprehensive, universal and free at the point of delivery. We believe that it is right for the NHS to be ambitious, and to aspire to extend and improve lives throughout England. This is a key document for the new NHS, and will hold NHS England – but also indirectly CCGs and providers – to account for improving services for the benefit of patients. We hope that awareness of the document will be high among commissioners so that the overarching objectives are considered when planning services.

RCN response

- The RCN strongly welcomes the renewed focus on patient experience. While we support in principle the proposal to extend the “friends and family test”, the RCN would not wish to see this initiative be at the expense of other more in depth indicators, such as service specific surveys or engagement exercises.
- We believe that the Mandate needs to be a high-level strategic, rather than a prescriptive document.
- We are concerned that ministerial accountability remains unclear in the Mandate. There must be greater clarity around the stage at which health ministers will act in the event of local variations in health care.
- As currently written, the objectives listed in the Mandate could involve increased monitoring in order to ensure the necessary data is recorded and reported to measure progress. This should not result in extra work for clinicians and managers within provider organisations, potentially distracting from patient care.
- We note that there are very limited references to education and workforce planning. Effective education and workforce planning will play a critical part in meeting many of the aspirations contained in the draft Mandate.

Contact us

The RCN would welcome comments and feedback on this important document and the issues it raises. Please contact us at policycontacts@rcn.org.uk

Further reading

- The full Mandate document is available online:
<https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>
- Read the RCN’s response to the first Mandate consultation:
www.rcn.org.uk/support/consultations/responses/nhs_care_objectives_a_draft_mandate_to_the_nhs_commissioning_board
And the consultation on refreshing the Mandate
https://www.rcn.org.uk/_data/assets/pdf_file/0005/541751/52.13_RCN_response_Refreshing_the_NHS_Mandate.pdf
- More information and resources on the NHS reforms and the role of nursing are available at www.rcn.org.uk/nhsreform