



Department
of Health

The Mandate

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

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Foreword

For over 65 years, the NHS has been the fabric that unites our nation – the single thing that makes us most proud to be British. It has proved itself responsive and ready to adapt to the demands of a changing society, and continues to provide the best possible care and treatment for everyone, irrespective of their background or needs.

This Government has chosen to protect NHS funding despite a global recession and austerity. In turn, the NHS is responding well to a growing, ageing, sicker population, thanks to the unfailing dedication of its staff. Our first and second mandates reflected the Government's focus on getting the best health outcomes for patients, by empowering clinical commissioning groups, health and wellbeing boards and local providers of services. NHS England has made good progress on the objectives we set for it, but the challenges it faces remain and there is still more to do.

It has never been more important to provide the NHS with stability and continuity of direction than now. That is why the Government is continuing all of the existing objectives, to ensure the NHS continues to deliver the care that people need and expect. This stable mandate will enable the NHS to build on its achievements and to make further progress on the ambitious agenda already set.

The Government strongly welcomes the NHS Five Year Forward View, which sets out powerfully how the NHS must adapt to meet the changing needs of our population. There is a broad consensus between system and local leaders about what needs to be done to make this a reality, and the Department will work with NHS England and others to put this into practice. The changes described in the Five Year Forward View will better enable the NHS to meet the objectives described in this mandate.

In addition, the mandate asks for further progress in two key areas. The first is mental health. The first mandate signalled an end to the institutional bias against mental health services. It set NHS England's objective to close the health gap between people with mental illness and the wider population. From April 2015, NHS England will, for the first time, introduce access and waiting time standards for key mental health services, as a crucial first step on a journey to complete parity of esteem for mental health services.

The second is better integration of care across different services. From April 2015, we will see the plans for the Better Care Fund – the first joining up of NHS and social care services in history – take effect. NHS England will support local areas to invest over £5.2 billion to join up health and care services around the needs of patients, so that people can be supported in their own home for longer rather than being admitted to hospital.

This mandate challenges the NHS to continue to aim high and build on its achievements to date. Working together, I know the NHS will remain a service of which we can be justifiably proud in the years to come.

Jeremy Hunt, Secretary of State for Health

Introduction

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of most basic human need, when care and compassion matter most. The NHS is founded on a set of common principles and values that bind together the communities and people it serves – patients and the public – and the staff who work for it.

The NHS Constitution

1. As a nation, we are proud of what the NHS has achieved and the values it stands for. But public expectations of good healthcare do not stand still. So on behalf of the people of England, patients and those who care for them, this mandate to NHS England¹ sets out our ambitions for how the NHS needs to improve.
2. This mandate covers the period from April 2015 to the end of March 2016. NHS England has made progress since the first mandate was published in 2012, but there is still more to be done.² That is why this mandate for 2015/16 carries forward all the existing objectives in the 2014/15 mandate to NHS England.³
3. It is the Government's privilege to serve as guardian of the NHS and its founding values. We will safeguard, uphold and promote the NHS Constitution; and this is also required of NHS England.
4. The NHS is there for everyone, irrespective of background. The Government will continue to promote the NHS as a comprehensive and universal service, free at the point of delivery and available to all based on clinical need, not ability to pay. We have increased health spending in real terms in each year of the current Parliament. We will not introduce new patient charges.
5. The creation of an independent NHS England, and its mandate from the Government, mark a new model of leadership for the NHS in England, in which ministers are more transparent about their objectives while giving local healthcare professionals independence over how to meet them.
6. The NHS budget is entrusted to NHS England, which shares with the Secretary of State for Health the legal duty to promote a comprehensive health service. NHS England oversees the delivery of NHS services, including continuous improvement of the quality

¹ Legally known as the National Health Service Commissioning Board

² The annual assessment of NHS England for 2013/14 can be viewed at: www.gov.uk/government/publications/nhs-england-assessment-of-performance

³ <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

of treatment and care, through healthcare professionals making decisions about services based on the needs of their communities. NHS England is subject to a wide range of statutory duties, and is accountable to the Secretary of State and the public for how well it performs these.

7. This mandate plays a vital role in setting out the strategic direction for NHS England and ensuring it is democratically accountable. It is the main basis of ministerial instruction to the NHS, which must be operationally independent and clinically-led. Other than in exceptional circumstances, including a general election, it cannot be changed in the course of the year without the agreement of NHS England. The mandate is therefore intended to provide the NHS with much greater stability to plan ahead.
8. NHS England is legally required to pursue the objectives and comply with the requirements in this document.⁴ However it will only succeed through releasing the energy, ideas and enthusiasm of frontline staff and organisations. The importance of this principle is reflected in the legal duties on the Secretary of State and NHS England as to promoting the autonomy of local clinical commissioners and others.
9. NHS England has made progress against the objectives in this mandate, and the Government expects that by March 2016 patients should be seeing real and positive change in how they use health services, and how different organisations work together to support them.
10. The Government's ambition for excellent care is not just for those services or groups of patients mentioned in this document, but for everyone regardless of income, location, age, gender, ethnicity or any other characteristic. Yet across these groups there are still too many longstanding and unjustifiable inequalities in access to services, in the quality of care, and in health outcomes for patients. The NHS is a universal service for the people of England, and NHS England is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold NHS England to account for how well it discharges these duties.
11. The objectives in this mandate focus on those areas identified as being of greatest importance to people. They include transforming how well the NHS performs by:
 - preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age (see section 1);
 - managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals (see section 2);
 - helping us recover from episodes of ill health such as stroke or following injury (see section 3);

⁴ See section 13A(2) of the National Health Service Act 2006, as inserted by the Health and Social Care Act

- making sure we experience better care, not just better treatment, so that we can expect to be treated with compassion, dignity and respect (see section 4);
 - providing safe care – so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores (see section 5).
12. These areas correspond to the five parts of the NHS Outcomes Framework, which are listed in this document and will be used to measure progress. The framework will be kept up to date to reflect changing public and professional priorities, and balanced to reduce distortion or perverse incentives from focusing inappropriately on some areas at the expense of others. The framework was reviewed in 2014 and a limited number of changes were made, in line with these considerations.⁵ In order to allow space for local innovation at the front line, both the Government and NHS England will seek to ensure that local NHS organisations are held to account through outcome rather than process objectives. As one of its **objectives**, NHS England will need to demonstrate progress against the five parts and all of the outcome indicators in the framework – including, where possible, by comparing our services and outcomes with the best in the world.
13. Within the stable mandate, there are two important updates to existing objectives. Through this mandate, 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.
 - 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.
14. The priorities in this mandate reflect the Government's absolute commitment to high quality healthcare for all, while highlighting the important additional role the NHS can play in supporting economic recovery.
15. The mandate is not exhaustive. As part of the changes in the relationship between the Government and the NHS, NHS England agreed to play its full part in fulfilling pre-existing government commitments not specifically mentioned in the mandate. For its part, the Government will exercise discipline by not seeking to introduce new objectives for NHS England between one mandate and the next.
16. In all it does, whether in the mandate or not, whether supporting local commissioners or commissioning services itself, NHS England is legally bound to pursue the goal of continuous improvement in the quality of health services.

⁵ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016>

1. Preventing people from dying prematurely

- 1.1 We want people to live longer, and with a better quality of life. Too many people die too soon from illnesses that can be prevented or treated. From cancer, liver and lung disease – and for babies and young children, England’s rates of premature mortality are worse than those in many other European countries. There are also persistent inequalities in life expectancy and healthy life expectancy between communities and groups, which need to be urgently addressed by NHS England.
- 1.2 Our ambition is for England to become one of the most successful countries in Europe at preventing premature deaths, and our **objective** for NHS England, working with CCGs, is to develop their contribution to the new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020.
- 1.3 National and local government, NHS England, Public Health England and others will all need to take action, with each organisation having the same goal. All will need to invest time now in developing strong partnerships, so that rapid progress can be made.
- 1.4 Only after many years of sustained effort and innovation will this ambition be realised. Along the way, NHS England’s **objective** is to make significant progress:
 - in supporting the earlier diagnosis of illness, particularly through appropriate use of primary care, and tackling risk factors such as high blood pressure and cholesterol. This includes working with Public Health England to support local government in the roll out of NHS Health Checks;
 - in ensuring people have access to the right treatment when they need it, including drugs and treatments recommended by the National Institute for Health and Care Excellence (taking account of the Pharmaceutical Price Regulation Scheme agreement), and services for children and adults with mental health problems;
 - in reducing unjustified variation between hospitals in avoidable deaths, so that standards in all hospitals are closer to those of the best. The NHS should measure and publish outcome data for all major services, broken down by local clinical commissioning groups (CCGs) where patient numbers are adequate, as well as by those teams and organisations providing care. To support this, the Government will strengthen quality accounts, which all providers are legally required to publish to account for the quality of their services;
 - in focusing the NHS on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more. As the country’s largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

Preventing people from dying prematurely (Domain one of the NHS Outcomes Framework)

Overarching indicators

- 1a** Potential years of life lost (PYLL) from causes considered amenable to healthcare
 - i Adults
 - ii Children and young people
- 1b** Life expectancy at 75
 - i Males
 - ii Females
- 1c** Neonatal mortality and stillbirths

Improvement areas

Reducing premature mortality from the major causes of death

- 1.1** Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)
- 1.2** Under 75 mortality rate from respiratory disease (PHOF 4.7*)
- 1.3** Under 75 mortality rate from liver disease (PHOF 4.6*)
- 1.4** Under 75 mortality rate from cancer (PHOF 4.5*)
 - i One- and ii Five-year survival from all cancers
 - iii One- and iv Five-year survival from breast, lung and colorectal cancer
 - v One- and vi Five-year survival from cancers diagnosed at stage 1&2 (PHOF 2.19**)

Reducing premature death in people with mental illness

- 1.5** i Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)
 - ii Excess under 75 mortality rate in adults with common mental illness
 - iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services (PHOF 4.10**)

Reducing deaths in babies and young children

- 1.6** i Infant mortality (PHOF 4.1*)
 - ii Five year survival from all cancers in children

Reducing premature death in people with a learning disability

- 1.7** Excess under 60 mortality rate in adults with a learning disability

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

- 2.1 We want to empower and support the increasing number of people living with long-term conditions. One in three people are living with at least one chronic condition, such as hypertension, diabetes or depression. By 2018 nearly three million people, mainly older people, will have three or more conditions all at once.
- 2.2 Too many people with ongoing health problems are treated as a collection of symptoms not a person. Simple things like getting a repeat prescription or making an appointment need to be much easier. People should expect the right support to help them manage their long-term conditions so that they do not end up in hospital needlessly or find that they can no longer work because of mental or physical illness. We need the NHS to do much better for people with long-term conditions or disabilities in the future. To stay relevant to our changing needs, different parts of the NHS have to work more effectively with each other and with other organisations, such as social services, to drive joined-up care.
- 2.3 To address these challenges, NHS England's **objective** is 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.
- 2.4 There are increasing pressures on the health and care service in England, which will become increasingly difficult to meet without the successful transformation of the way the health and care services provide for the population. This must particularly be true for those who are the oldest and most vulnerable. This requires primary care, especially general practice, to proactively support patients who are most at risk; keep them out of hospital wherever possible and; help people to live well and maintain their independence. Care for vulnerable older people cannot be provided through general practice alone, so we are asking NHS England to explore how better integrated out of hospital care can improve care for this group, and the wider population. As part of this objective, NHS England should take forward the actions and the ambitions of *Transforming Primary Care*,⁶ with progress to be made in 2015/16.
- 2.5 In 2013, the new 111 phoneline was introduced for non-emergency care. We expect NHS England to have made particular progress in four key areas: (i) involving people in

⁶ The Transforming Primary Care programme sets out the Government's ambitions to improve care for the most vulnerable patients. It can be viewed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf

their own care; (ii) the use of technology; (iii) better integration of services; and (iv) the diagnosis, treatment and care of those with dementia.

2.6 NHS England's **objective** is to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. Achieving this objective would mean that:

- far more people should have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full;
- everyone with long-term conditions, including people with mental health problems, should be offered a personalised care plan that reflects their preferences and agreed decisions;
- patients who could benefit should have the option to hold their own personal health budget as a way to have even more control over their care;
- the five million carers looking after friends and family members should routinely have access to information and advice about the support available – including respite care.

2.7 In a digital age, it is crucial that the NHS not only operates at the limits of medical science, but also increasingly at the forefront of new technologies. NHS England's **objective** is to achieve a significant increase in the use of technology to help people manage their health and care. In particular, the Government expects that:

- everyone who wishes should now be able to get online access to their own health records held by their GP. NHS England should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;
- clear plans should now be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;
- clear plans should now be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;
- everyone should now be able to book GP appointments and order repeat prescriptions online;
- everyone should now be able to have secure electronic communication with their GP practice, with the option of e-consultations becoming much more widely available;
- significant progress will be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

- 2.8 NHS England's **objective** is to coordinate a major drive for better integration of care across different services, and to enable local implementation at scale and with pace. The focus should be on what we are achieving for individuals rather than for organisations – care which feels more joined-up to the users of services, with the aim of maintaining their health and wellbeing and preventing their condition deteriorating, so far as is possible.
- 2.9 In setting this objective, we are asking NHS England to work with local government and other key partners to take forward their commitments in *Integrated Care and Support: Our Shared Commitment*.⁷ This includes supporting the integration pioneers who are exploring different approaches to providing better care and breaking down the barriers that prevent transformational change.
- 2.10 From 2015/16 a key part of this objective for NHS England will be to lead the implementation of the Better Care Fund (BCF), following the legislative changes made through the Care Act 2014. These changes enable the NHS England mandate to include requirements relating to the establishment of the BCF.
- 2.11 To support the Government's ambition that each area moves to a more integrated approach to health and care by 2018, NHS England is therefore **required** to ring-fence £3.46bn within its allocation to CCGs to establish the BCF, to be used for the purposes of integrated care. The BCF will be included in pooled budgets between CCGs and local authorities for the purpose of improving quality and outcomes for people through supporting integration, and spent according to plans agreed locally by Health and Wellbeing Boards. Local plans will be approved by NHS England. NHS England is **required** to consult ministers from the Department of Health and Department for Communities and Local Government before approving plans.
- 2.12 Under the NHS Act 2006, NHS England can attach conditions to the BCF. These conditions must include a requirement that CCGs transfer the BCF into one or more pooled funds, and may include conditions relating to the agreement and approval of joint local spending plans, and to the setting and achievement of performance objectives. Where a condition is not met, NHS England has powers to direct a CCG as to use of the money, or to withhold or recover money. It may also use any recovered or withheld money for the purposes of meeting integration objectives set out in this mandate. NHS England is **required** to consult the Department of Health and Department for Communities and Local Government before exercising their powers in relation to the failure to meet specified conditions.
- 2.13 The detailed policy framework for the implementation of the BCF has been agreed between NHS England and Government, and is set out in the *Better Care Fund Policy Framework*,⁸ jointly published by the Department for Communities and Local Government and Department of Health. As part of this objective, NHS England will ensure that the Fund is implemented as set out in that document, working closely with

⁷ <https://www.gov.uk/government/publications/integrated-care>

⁸ <https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2015-to-2016>

CCGs, providers, local government, the Local Government Association, Department for Communities and Local Government and Department of Health.

- 2.14 Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs. This has inspired the Prime Minister's Challenge on Dementia, which was launched in March 2012. The Government's goal is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.
- 2.15 The **objective** for NHS England is to continue to make measurable progress towards achieving this in 2015/16, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers.
- 2.16 NHS England has agreed a national ambition for diagnosis rates that two-thirds of the estimated number of people with dementia in England should have a diagnosis, with appropriate post-diagnosis support. Better dementia diagnosis will improve the lives of people with the condition and give them, their carers and professionals the confidence that they are getting the care and treatment they need. NHS England should work with CCGs to support local proposals for making the best treatment available across the country.

Enhancing quality of life for people with long-term conditions (Domain two of the NHS Outcomes Framework)
Overarching indicators
2 Health-related quality of life for people with long-term conditions (ASCOF 1A ^{**})
Improvement areas
Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition
Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions (ASCOF 1E ^{**} & PHOF 1.8 [*])
Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Enhancing quality of life for carers
2.4 Health-related quality of life for carers (ASCOF 1D ^{**})
Enhancing quality of life for people with mental illness
2.5 i Employment of people with mental illness (ASCOF 1F ^{**} & PHOF 1.8 ^{**}) ii Health related quality of life for people with mental illness (ASCOF 1A ^{**} & PHOF 1.6 ^{**})
Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16 [*]) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F ^{**})
Improving quality of life for people with multiple long-term conditions
2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 1A ^{**})

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

- 3.1 Every year, millions of people rely on the NHS to help them recover after an illness or rehabilitate after injury. It does so not only through effective treatment but also through ongoing help in recovering quickly and regaining independence – whether from a planned operation such as a hip or knee replacement, an injury from a fall or other accident, a respiratory infection in a young child, or a major emergency like a stroke. Helping people get back as quickly or as much as possible to their everyday lives is not something the NHS can achieve alone, but requires better partnership with patients, families and carers, social services and other agencies.
- 3.2 Many parts of the NHS are world-leading in helping people to recover from ill health or injury. Because standards are high overall, most people assume all NHS services are equally good. Yet there are huge and unwarranted differences in quality and results between services across the country – even between different teams in the same hospital, or GP practices in the same vicinity.
- 3.3 An **objective** for NHS England is to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. We want a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services. This means:
- reporting results at the level of local councils, clinical commissioning groups, providers of care and consultant-led teams;
 - the systematic development of clinical audit and patient-reported outcome and experience measures;
 - real consideration of how to make it easy for patients and carers to give feedback on their care and see reviews by other people, so that timely, easy-to-review feedback on NHS services becomes the norm.
- 3.4 Better information may expose the need for change. For example, stroke services in London have been brought together to provide rapid access to highly specialised emergency treatment, significantly reducing mortality rates. Priority should be given to changes to services which improve outcomes whilst also maintaining access. Where local clinicians are proposing significant change to services, we want to see better informed local decision-making about services, in which the public are fully consulted and involved. NHS England's **objective** is to ensure that proposed changes meet four tests: (i) strong public and patient engagement; ii) consistency with current and

prospective need for patient choice; iii) a clear clinical evidence base; and iv) support for proposals from clinical commissioners.

- 3.5 Treating mental and physical health conditions in a coordinated way, and with equal priority, is essential to supporting recovery. Yet people with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. NHS England's **objective** is 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.
- 3.6 By March 2016, we expect further measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services that are better integrated with physical health services. *Achieving Better Access to Mental Health Services by 2020*,⁹ jointly published by the Department of Health and NHS England, sets out clear steps towards achieving parity, and includes three new standards for access and waiting times for mental health services to be achieved by March 2016.
- 3.7 There remains a particular challenge around mental health crisis intervention. Only by working with key partners, including the police, can we ensure that people with mental health problems get the care they need in the most appropriate setting. To bring about the transformational change necessary, we expect NHS England to make rapid progress, working with CCGs and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. To further this aim, NHS England will invest in effective models of liaison psychiatry in more acute hospitals during 2015/16. We also expect that by March 2016, every community will have plans to ensure no one in crisis will be turned away, based on the principles set out in the *Mental Health Crisis Care Concordat*.¹⁰
- 3.8 Psychosis costs the NHS around £2bn per year, some of which arises from crises that could and should be averted. Treating people early is absolutely vital in enabling recovery — timely, evidence-based treatment can help people to have a good quality of life, access education and employment and reduce the likelihood of relapse, helping some of the most vulnerable young people in the country to get well and stay well. Prompt treatment also benefits NHS services, wider public services and society. NHS England will ensure that by March 2016 more than 50% of patients experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral.
- 3.9 Meeting this objective will also involve extending and ensuring more open access to the Improving Access to Psychological Therapies (IAPT) programme, in particular for children and young people, and for those out of work, and to continue planning for country wide service transformation of children and young people's IAPT. NHS England

⁹ <https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>

¹⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

will work with stakeholders to ensure implementation is at all times in line with the best available evidence. NHS England will maintain the commitments that at least 15% of adults with relevant disorders will have timely access to IAPT services, with a recovery rate of 50%. In addition, NHS England will ensure that by March 2016, 75% of people referred to the IAPT programme begin treatment within 6 weeks of referral, and 95% begin treatment within 18 weeks of referral.

- 3.10 NHS England will work the Department of Health and mental health system partners to develop detailed proposals for the introduction of further access and waiting time standards from 2016 onwards. An early priority will be the development of standards for access and waiting times for the treatment of eating disorders, based on piloting of different models of care, to examine the case for a better mix of community and inpatient care. NHS England will analyse the data on provision of existing services, and access to and waiting times for these services across a whole region, with a view to piloting standards during 2015/16 and introducing standards in future years.

Helping people to recover from episodes of ill health or following injury (Domain three of the NHS Outcomes Framework)

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission

3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)

Improvement areas

Improving outcomes from planned treatments

3.1 Total health gain as assessed by patients for elective procedures

i Physical health-related procedures

ii Psychological therapies

iii Recovery in quality of life for patients with mental illness

Preventing lower respiratory tract infections (LRTI) in children from becoming serious

3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma

3.3 Survival from major trauma

Improving recovery from stroke

3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures

3.5 Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury

3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF 2B[1]*)

ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B[2]*)

Dental health

3.7 i Decaying teeth (PHOF 4.02**)

ii Tooth extractions in secondary care for children under 10

4. Ensuring that people have a positive experience of care

- 4.1 The NHS is not there just to offer excellent treatment and support. It is there to care for us. Quality of care is as important as quality of treatment, but the public are less confident about consistency in care provision than they are about treatment.
- 4.2 No one going in to hospital should have to worry about being left in pain, unable to eat or drink, or go to the toilet. And those who have relatives or friends who need support should have peace of mind that they will be treated with compassion, respect and dignity – whether at home or in residential care.
- 4.3 While most people receive excellent care, we have all been shocked by incidents of major failings in care. It is frequently those who are very old or vulnerable who bear the brunt – those with complex conditions, who are unlikely or unable to complain, and who in some instances no longer have friends or family members who can fight for them. As a society, as a health and care system, and as a Government, we all find such failings abhorrent and intolerable. The Government is clear that, where serious failures of care and treatment have occurred, managers in both the NHS and social care sector will be better held to account.
- 4.4 The Government's response to the Francis Inquiry¹¹ will seek to ensure that the commissioning, delivery, monitoring and regulation of healthcare brings about a transformational change that focuses on achieving reliably safe and high quality care, that puts patients at its heart and where compassionate care and patient experience are as important as clinical outcomes. NHS England's **objective** is to continue to take forward the actions it agreed to in this response, working closely with its partners to achieve change with further progress expected in 2015/16.
- 4.5 The Government has issued a full and detailed response to the appalling abuse that was witnessed at Winterbourne View private hospital. NHS England's **objective** is 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. This includes NHS England taking forward those actions which they signed up to in the final report and concordat.¹² The presumption should always be that services are local and

¹¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

¹² Winterbourne View Review Concordat: Programme of Action – Published December 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf, pdf
Transforming care: A national response to Winterbourne View Hospital. Department of Health: Final Report
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf

that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.

- 4.6 Our ambition stretches beyond ensuring that all parts of the health and care system will satisfy minimum standards of care. NHS England's **objective** is to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives.
- 4.7 The quality of care is closely related to how well organisations engage, manage and support their own staff. The NHS Constitution includes important pledges to staff who provide NHS care, and NHS England is required to promote the NHS Constitution in carrying out its functions. NHS England also has a statutory duty as to promoting education and training, to support an effective system for its planning and delivery. They should support Health Education England in ensuring that the health workforce has the right values, skills and training to enable excellent care, as set out in the Government's mandate to Health Education England.¹³
- 4.8 The Government also expects to see NHS England continue to make further measurable progress in two principal areas. The first **objective** is to make progress in measuring and understanding how people really feel about the care they receive and continuing to take action to address poor performance. The NHS staff survey provides important information about organisations' health, and it already asks whether staff would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care (the 'friends and family test').
- 4.9 Part of this objective is for NHS England to have introduced the 'friends and family' test for patients and staff across the country where appropriate, and NHS England should ensure that much more regular feedback on the 'friends and family test' becomes the norm.
- 4.10 We want to boost professional and public pride in all the caring professions, and to empower patients to demand improvements where care is not as good as it could be. A further part of this objective is to increase the proportion of people, across all areas of care, who rate their experience as excellent or very good.
- 4.11 The second **objective** for NHS England, which will require joined-up care between the NHS and local authorities across health, education and social services, is to improve the standards of care and experience for women and families during pregnancy and in the

¹³ See the mandate from the Government to Health Education England for 2014/15: <https://www.gov.uk/government/publications/health-education-england-mandate-april-2014-to-march-2015>. The mandate to Health Education England will be refreshed for 2015/16

early years for their children. As part of this, we want NHS England to work with partner organisations to ensure that the NHS:

- takes forward the pledges they signed up to in *Better health outcomes for children and young people: Our pledge*,¹⁴ to improve the physical and mental health outcomes for all children and young people;
- offers women the greatest possible choice of providers;
- ensures every woman has a named midwife who is responsible for ensuring she has personalised, one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a maternal health concern;
- reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.

4.12 Our ambition is to help give children the best start in life, and promote their health and resilience as they grow up; and the Government's commitment to an additional 4,200 health visitors by 2015 will help to ensure this vital support for new families. We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs. We welcome NHS England's commitment to its full participation in local safeguarding arrangements for vulnerable children and adults. We will work with NHS England, and Healthwatch England, to consider how best to ensure that the views of children, especially those with specific healthcare needs, are listened to.

4.13 One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England's **objective** is to ensure that they have access to the services identified in their Education, Health and Care plan, and that parents of children who could benefit have the option of a personal budget based on a coordinated assessment across health, social care and education.

4.14 Timely access to services is a critical part of our experience of care. The NHS should be there for people when they need it; this means providing equally good care seven days of the week, not just Monday to Friday. More generally, over the last decade, the NHS has made enormous improvements in reducing waiting times for services. The people of England expect all parts of the NHS to comply with the rights, and fulfil the commitments set down in the NHS Constitution, including to maintain high levels of performance in access to care. NHS England's **objective** is to uphold these rights and commitments, and where possible to improve the levels of performance in access to care.

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

Ensuring that people have a positive experience of care (Domain four of the NHS Outcomes Framework)

Overarching indicators

- 4a** Patient experience of primary care
 - i GP services
 - ii GP out-of-hours services
 - iii NHS dental services
- 4b** Patient experience of hospital care
- 4c** Friends and family test
- 4d** Patient experience characterised as poor or worse
 - i Primary care
 - ii Hospital care

Improvement areas

Improving people's experience of outpatient care

- 4.1** Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs

- 4.2** Responsiveness to inpatients' personal needs

Improving people's experience of accident and emergency services

- 4.3** Patient experience of A&E services

Improving access to primary care services

- 4.4** Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services

- 4.5** Women's experience of maternity services

Improving the experience of care for people at the end of their lives

- 4.6** Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness

- 4.7** Patient experience of community mental health services

Improving children and young people's experience of healthcare

- 4.8** Children and young people's experience of inpatient services

Improving people's experience of integrated care

- 4.9** People's experience of integrated care (ASCOF 3E**)

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

- 5.1 As indicated in the NHS Constitution, patients should be able to expect to be treated in a safe and clean environment and to be protected from avoidable harm. In recent years the NHS has made progress in developing a culture of patient safety in the NHS, through the introduction of stronger clinical governance within organisations. But much remains to be done, as highlighted by the Berwick Review on patient safety.¹⁵
- 5.2 Improving patient safety involves many things: treating patients with dignity and respect; high quality nursing care; creating systems that prevent both error and harm; and creating a culture of learning from patient safety incidents, particularly events that should never happen, such as wrong site surgery, to prevent them from happening again.
- 5.3 NHS England's **objective** is to continue to reduce avoidable harm and make measurable progress in 2015/16 to embed a culture of patient safety in the NHS including through improved reporting of incidents.
- 5.4 It is also important for the NHS to take action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. NHS England will need to work with clinical commissioning groups to ensure that providers of mental health services take all reasonable steps to reduce the number of suicides and incidents of serious self-harm or harm to others, including effective crisis response.

¹⁵ <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

Treating and caring for people in a safe environment and protecting them from avoidable harm (Domain five of the NHS Outcomes Framework)

Overarching indicators

5a Deaths attributable to problems in healthcare

5b Severe harm attributable to problems in healthcare

Improvement areas

Reducing the incidence of avoidable harm

5.1 Deaths from venous thromboembolism (VTE) related events

5.2 Incidence of healthcare associated infection (HCAI)

i MRSA

ii C. difficile

5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers

5.4 Hip fractures from falls during hospital care

Improving the safety of maternity services

5.5 Admission of full-term babies to neonatal care

Improving the culture of safety reporting

5.6 Patient safety incidents reported

6. Freeing the NHS to innovate

- 6.1 The Government and NHS England are of one mind in recognising that the scale of the ambitions in this mandate cannot be achieved through a culture of command and control. Only by freeing up local organisations and professionals, and engaging the commitment of all staff to improve and innovate, can the NHS achieve the best health outcomes in the world. This mandate, together with new legal duties that relate to promoting autonomy, demands a new style of leadership from Ministers and from NHS England which is about empowering individuals and organisations at the front line of the NHS. We welcome NHS England's commitment to support improved outcomes, including by understanding and responding to the needs and preferences of patients and communities locally.
- 6.2 NHS England's **objective** is to get the best health outcomes for patients by strengthening the local autonomy of clinical commissioning groups, health and wellbeing boards, and local providers of services. The Government will hold NHS England to account for achieving this; and it will be supported by a process of comprehensive feedback for assessing their performance.
- 6.3 The establishment of CCGs and health and wellbeing boards is a critical part of the process of decentralising power, as is the progression of NHS trusts through the pipeline to Foundation Trust status under the leadership of the NHS Trust Development Authority. Following the CCG authorisation process, NHS England has a vital role in ensuring that CCGs meet any conditions placed on them and assuring themselves of compliance with those terms.
- 6.4 The objectives in this mandate can only be realised through local empowerment. NHS England's role in the new system will require it to consider how best to balance different ways of enabling local and national delivery. These may include:
- the power of its expertise and its professional leadership, working with partners such as the Royal Colleges;
 - its ability to bring NHS organisations together across larger geographical areas, not as the manager of the system, but as its convener;
 - its ability to work in partnership with local authorities and commissioners, particularly through health and wellbeing boards;
 - its duties and capabilities for engaging and mobilising patients, professionals and communities in shaping local health services;

- its duties to promote research and innovation – the invention, diffusion and adoption of good practice;
- the transformative effect of information and transparency, enabling patients to make fully informed decisions, and encouraging competition between peers for better quality;
- its control over incentives such as improving the basis of payment by results, introducing the quality premium for CCGs, and the quality and outcomes framework in the GP contract;
- leading the continued drive for efficiency savings, while maintaining quality, through the Quality Innovation Productivity and Prevention (QIPP) programme;
- and by spreading better commissioning practice, including redesigning services, open procurement and contracting for outcomes, to ensure consistently high standards across all areas of commissioning.

6.5 To support the NHS to become more responsive and innovative, NHS England's **objective** by 2015 is to have:

- fully embedded all patients' legal rights to make choices about their care, and extended choice in areas where no legal right yet exists. This includes offering the choice of any qualified provider in community and mental health services, in line with local circumstances. The Government has published a Choice Framework,¹⁶ following consultation, to help patients understand the choices they can expect to have, and NHS England is working further with Monitor on how choice can best be used to improve outcomes for patients;
- working with Monitor to support the creation of a fair playing field,¹⁷ so that care can be given by the best providers, whether from the public, independent or voluntary sector. This calls for NHS England to lead major improvements in how the NHS undertakes procurement, so that it is more open and fair, and allows providers of all sizes and from all sectors to contribute, supporting innovation and the interests of patients;
- made significant improvements in extending and improving the system of prices paid to providers, so that it is transparent, and rewards people for doing the right thing.

6.6 The previous administration commissioned an independent evaluation of the impact of many of its policies on the NHS. Similarly, this Government is commissioning an evaluation to assess the extent to which our vision and underlying policies of the 2012 Health and Social Care Act have been implemented, and what their effects have been. The Health Reforms Evaluation Programme is a long term project that started in summer 2014 and will complete by summer 2017.

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216981/2012-13-Choice-Framework.pdf

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

7. The broader role of the NHS in society

- 7.1. The NHS is the biggest public service in the country, accounting for eight per cent of national income. It contributes to the growth of the economy: not only by addressing the health needs of the population, thereby enabling more people to be economically active; but also through supporting the life sciences industry, via the *Strategy for UK Life Sciences*;¹⁸ by adopting and spreading new technologies; and through exporting innovation and expertise internationally. NHS England is committed to delivering the recommendations in the *Innovation, Health and Wealth Report*¹⁹ to improve outcomes for individuals, carers and families.
- 7.2. NHS England's **objective** is to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth. This includes ensuring payment of treatment costs for NHS patients taking part in research funded by Government and research charity partner organisations.
- 7.3. The NHS and its public sector partners need to work together to help one another to achieve their objectives. This is a core part of what the NHS does and not an optional extra, whether it is working with local councils, schools, job centres, housing associations, universities, prisons, the police or criminal justice agencies such as Police and Crime Commissioners and Community Safety Partnerships. NHS England's **objective** is to make partnership a success. This includes, in particular, demonstrating progress against the Government's priorities of:
- continuing to improve services for both disabled children and adults;
 - continuing to improve safeguarding practice in the NHS;
 - contributing to multi-agency family support services for vulnerable and troubled families;
 - upholding the Government's obligations under the Armed Forces Covenant;
 - contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;

¹⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32457/11-1429-strategy-for-uk-life-sciences.pdf

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213204/Creating-Change-IHW-One-Year-On-FINAL.pdf

- improving services through the translation of scientific developments into benefits for patients;
- helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness;
- developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services;
- championing the Time to Change campaign to raise awareness of mental health issues and reduce stigma, including in the NHS workforce.

8. Finance

- 8.1 NHS England's **revised** revenue budget for 2015-16 is **£101,708** million (of which **£1,376** million is for delivery of the section 7A agreement with the Secretary of State) and its capital budget is £300 million^{20, 21}. This equates to **2.2%** real terms growth to the 2014-15 combined revenue and capital budget. In response to the NHS Five Year Forward View the Government has announced additional funding in the Autumn Statement 2014 to support the NHS, which in 2015-16 means an additional £1.83bn for NHS England. NHS England is also re-prioritising £150m of funding previously allocated for central expenditure which means an overall increase for frontline spending of £1.98bn. This additional funding is intended to support the NHS in continuing to meet the increasing demand on services. It will also enable NHS England to invest £200 million in the transformation set out in the Five Year Forward View, with a particular focus on developing and testing the new models of care that the NHS considers will better enable it to deliver the Government's objectives, and to invest £250m in new primary and community infrastructure.
- 8.2 At a time of great pressure on the public finances, it is vital to deliver this mandate within available resources, both in the current spending review period and beyond. Therefore, NHS England's **objective** is to ensure good financial management across the commissioning system, and, working closely with Monitor and the Trust Development Authority, to secure unprecedented improvements in value for money across the NHS.
- 8.3 It is in this context that the Government is committed to ensuring the development of a fair and transparent identification and payment system for overseas visitors and migrants accessing the NHS. We will, therefore, continue to work with providers and NHS England to identify cost-effective ways of maximising the recovery of costs incurred through the treatment of chargeable patients (as to be defined by the forthcoming legislation).

²⁰ See section 223D of the NHS Act 2006 (financial duties of the Board); the revenue and capital budgets are the amounts specified as the limits on total resource use under subsections (2) and (3). These budgets were originally specified in financial directions published on 11 December 2014. They have been revised to take account of updated budget figures, including for those changes announced as part of the Spring Budget statement.

²¹ NHS England is responsible for carrying out some specific public health functions on behalf of the Secretary of State for Health. These functions, and further details of the funding granted to support them, are set out in an agreement made under section 7A of the NHS Act 2006 which can be found at: <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2015-to-2016>

- 8.4 NHS England will also need to comply with the financial directions made under the NHS Act 2006, which set out further technical limits, including spending on administration. Like any other public body it will be covered by all relevant government guidance on the management of public finances, which are summarised in the Framework Agreement between the Department of Health and NHS.
- 8.5 NHS England is responsible for allocating the budgets for commissioning NHS services. This will prevent any perception of political interference in the way that money is distributed between different parts of the country. The Government expects the principle of ensuring equal access for equal need to be at the heart of NHS England's approach to allocating budgets. This process will also need to be transparent, and to ensure that changes in allocations do not result in the destabilising of local health economies.

9. Assessing progress and providing stability

- 9.1 The Government is formally setting NHS England the objectives and requirements in this document under section 13A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.²² We will assess annually the success of NHS England against the progress it makes against this mandate, and in carrying out other legal duties and functions.
- 9.2 NHS England directly commissions NHS services provided by GPs, dentists, community pharmacists and community opticians; specialised care; health services for people in custody; and military health. This offers a great opportunity to improve standards and national consistency, for example in services for people with rare conditions. NHS England has an important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care plays in supporting delivery of the objectives across this mandate.
- 9.3 The Department will hold NHS England to account for the quality of its direct commissioning, and how well it is working with clinical commissioners, health and wellbeing boards, and local healthcare professionals. An **objective** is to ensure that, whether NHS care is commissioned nationally by NHS England or locally by clinical commissioning groups, the results – the quality and value of the services – should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework. Success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.
- 9.4 Every year, NHS England must report on its progress, and the Government will publish an annual assessment of NHS England’s performance.²³ To ensure that our assessment is fair, the Government will invite feedback from CCGs, local councils, patients and any other people and organisations that have a view. This will mean successes can be recognised, and areas for improvement can be acted on.
- 9.5 This mandate provides democratic legitimacy for the work of NHS England. It will be updated annually and laid before Parliament. The Government will maintain constancy of purpose, and strive to keep changes between mandates to the minimum necessary. In this way the mandate will help provide greater stability for the NHS to plan ahead, innovate and excel to bring the greatest benefit to all those who use it.

²² The Secretary of State has power to use the mandate to set any “requirements” that he thinks are necessary for the purpose of achieving the objectives; these must be backed up by regulations. For the first time, this mandate includes three requirements NHS England must comply with, relating to the Better Care Fund, in Chapter 2. NHS England must comply with these requirements in carrying out its functions.

²³ The first annual assessment of NHS England for 2013/14 can be viewed at: www.gov.uk/government/publications/nhs-england-assessment-of-performance.



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