

## **A Consultation on Draft Mandate to the NHS Commissioning Board**

### **Summary**

1. This report asks Members to consider and comment upon the consultation document at **Annex A** to this report and the draft proposed response at **Annex B** to this report.

### **Background**

2. The Health and Social Care Act 2012 set up the NHS Commissioning Board (NHSCB) which will oversee all of the £80 Billion NHS Commissioning budget. While the Board will commission some services directly, most of the budget will be spent by Clinical Commissioning Groups (CCGs).
3. The Mandate to the NHSCB, which will be updated annually, is the means by which the Secretary of State for Health will retain ultimate responsibility for securing the provision of health services by setting clear objectives for the NHSCB.
4. The above changes were consulted on as the Act was going through the various parliamentary stages. The attached consultation document does not further consult on these changes.

### **Consultation**

5. The consultation, which runs until 26 September 2012, is seeking responses around six issues:
  - a. The overall approach to the Mandate
  - b. The best way of assessing progress against the Mandate
  - c. The use of objectives based on the NHS Outcomes Framework
  - d. The principle of “putting patients first”

- e. The principle of a “broader contribution from the NHS”
  - f. The principle of “effective commissioning”
6. The draft Mandate is divided into five core sections based on indicators in the NHS Outcomes Framework. In summary, these are:
- a. **Improving our health and our healthcare.** This sets objectives to improve health outcomes, reduce premature deaths and reducing health inequalities.
  - b. **Putting patients first.** This sets objectives to extend shared decision making and choice, and improve support to carers.
  - c. **Broader contribution of the NHS.** This sets objectives about how the NHS can work better with other public bodies.
  - d. **Effective commissioning.** This sets objectives that relate to the new system of commissioning and the transition to that new system.
  - e. **Finance and Financial Management.** This will set out the resources available to NHSCB and expectations of increased efficiency.
7. The core purpose of the draft Mandate, and of the NHSCB itself, is to help improve people’s health and the outcomes of healthcare. The main way that it is proposed to do that is to ensure that all the objectives included within the Mandate relate directly to the NHS Outcomes Framework. This is a set of national outcome goals and supporting indicators which patients, the public and Parliament can use to judge the progress of the NHSCB. The Outcomes Framework has already been subject to extensive consultation.

## Options

8. There are no direct options associated with this report. Members are asked to consider the draft response at **Annex B** to this report and make any amendments or additions they would like to see prior to this being formally submitted to the Department of Health.

## Analysis

9. The draft response is set out at **Annex B** to this report. Members are asked to highlight any amendments/additions to the response that they may wish to make prior to it being formally submitted.

## **Council Plan**

10. This is a national consultation and is not directly linked with the themes that run through the Council Plan. However, members may wish to note that the requirement for the NHSCB to ensure that the NHS works with other partners to help achieve broader social and economic objectives, particularly economic growth, will help support the key Council Plan Objective of “Create Jobs and Grow the Economy”

## **Implications**

11. There are no known immediate or direct implications associated with the recommendations in this report.

## **Risk Management**

12. There are no known risks associated with the recommendations in this report. However, the NHSCB will have an import impact on the overall health and wellbeing of the residents of York in the years ahead and there is a risk that the voice of the Health OSC and the City of York Council will not be heard if they do not respond to this consultation.

## **Recommendations**

13. Members are asked to consider the draft response at **Annex B** to this report and highlight any amendments/additions they may wish to make.

Reason: To respond to the national consultation on the draft Mandate for the NHS Commissioning Board

## **Contact Details**

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## **Background Papers:**

**Our NHS Care Objectives – Draft Mandate to NHS Commissioning Board  
(published by the DH on 4 July 2012 – Gateway Number 17799)**

## **Annexes**

**Annex A** Consultation Document

**Annex B** Proposed Response