

A Consultation on the Draft Mandate to the NHS Commissioning Board

Proposed Response to Consultation Questions

Section One: Our Approach to the Mandate

- Q1** Will the Mandate drive a culture which puts patients at the heart of everything the NHS does?
- Q2** Do you agree with the overall approach to the draft mandate and the way in which the mandate is structured?
- Q3** Are the objectives right? Could they be simplified and/or reduced in number and are there objectives missing? Do they reflect the overarching goals of NHS commissioning?

While it is possible to comment on general terms on the draft mandate and on the choice of topics for which objectives will be set. However, it is not possible to comment on the detail of any quantifiable objectives as that detail is not yet given and nor is it possible to comment authoritatively on anticipated effectiveness of some of the other proposals until it is clear how the NHSCB interprets the Mandate and how the NHSCB behaves in practice.

We welcome the objective that promotes integrated care including the emphasis on “joint commissioning around individuals, particularly people with dementia and other complex conditions”. We also welcome the objective that promotes parity between mental and physical health as well as emphasising the interrelationship between the two. Finally, we welcome the two part objective on improved support for carers.

We would like to see a statutory review of the Mandate in one year’s time once the NHSCB has had the Mandate and being working with it in order to ensure that the general objectives are being delivered and that sufficient consultation and co-production is taking place.

Section Two: Assessing progress

- Q4** What is the best way of assessing progress against the mandate, and how can other people or organisations best contribute to this?

Q5 Do you have views now about how the mandate should develop in future years?

The local Health & Well-being Board must be able play a key role in assessing progress against the objectives and also in developing the Mandate for the future. It is essential the voice of the public is heard at a local level in order that the NHS can be shaped “bottom up” as well as being moulded “top down”. If the Health & Well-being Board does not have this influence then the main purpose of the NHS reforms – to make services more clinically led and more responsive to local need – will be lost.

Section Three: Improving our health and our healthcare

Q6 Do you agree that the Mandate should be based around the NHS Outcomes Framework, and therefore avoid setting separate objectives for individual clinical conditions?

Q7 Is this the right way to set objectives for improving outcomes and tackling inequalities?

Q8 How could this approach develop in future mandates?

We suggest that there should be much more mention and attention paid to the Public Health Outcomes Framework and the Social Care Outcomes Framework in the Mandate. Failure to do so will encourage and enable the NHS to work in a silo or vacuum and will not encourage an appropriate effective approach to reducing inequalities.

Section Four: Putting patients first

Q9 Is this the right way for the Mandate to support shared decision-making, integrated care and support for carers?

Q10 Do you support the idea of publishing a “choice” framework for patients alongside the Mandate?

The mandate alone cannot do anything more than set a direction of travel and the key will be how the NHSCB behaves in practice. It is entirely right that there should be greater shared decision making, integrated care and support for carers but these are easy ideals to have and we will want to see that they have an appropriate weight when set against the need for the NHS Commissioning Board to drive efficiencies and service transformation.

Section Five: The broader contribution of the NHS

Q11 Does the draft Mandate properly reflect the role of the NHS in supporting broader social and economic objectives?

Once again, we strongly support the emphasis on the NHS playing a role in supporting broader social and economic objectives. It is not something that the NHS has generally undertaken very well or made much real commitment to. The emphasis on supporting economic growth is really important given the impact that employment and financial well-being have on health outcomes.

Section Six: Effective commissioning

Q12 Should the mandate include objectives about how the Board implements reforms and established the new commissioning system?

In general, the “how” should be left to the Board to determine and not directed “top down” by Government. However, we would like to see more emphasis here on integrated commissioning and integrated care.