

Cabinet
Council

3 September 2013
10 September 2013

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:

Executive Director, People

Ward(s) affected:

All

Title:

Consultation on Refreshing the Mandate to NHS England: 2014-2015– Consultation response

Is this a key decision?

No

Executive Summary:

This report details the City Council's response to a Department of Health (DH) consultation on refreshing the Mandate to NHS England for 2014-2015. NHS England is a non-departmental public body of the Department of Health. Its purpose is to oversee the planning, delivery and day to day operation of the NHS in England. The first mandate to NHS England was published in November 2012 and set out objectives from April 2013 to March 2015. However, it is a requirement of National Health Service Act 2006 for the Mandate to be reviewed on an annual basis to ensure that it remains up to date.

The Government is proposing to carry forward the existing objectives but is proposing to make additional requirements on NHS England to reflect the learning from Winterbourne View and the Francis Inquiry into the Mandate to enable the quality services and patient safety to be improved.

Key additions include objectives to prevent ill health, strengthen A&E services, increase the diagnosis of dementia by two thirds and deliver rapid progress on the vulnerable older people's plan. There is also a commitment to prioritise mental health crisis intervention services and improve support to children.

Overall, the Council welcomes the proposals as a significant step forward in improving the current Mandate to NHS England. In order to make a real difference, the Council believes there needs to be measurable objectives put in place, in order to monitor the process of NHS England in delivering change.

The Council urges the Government to appropriately fund the NHS and where applicable local authorities to meet the requirements of the Mandate in order to make a difference to the health and wellbeing of people living in England.

Over and above anything else the Council wishes to re-emphasise to the Government the need for the NHS to get back to basics and provide good quality, person centred care which ensures people's needs are met with dignity and compassion. These are the very principles on which the NHS was formed.

Recommendations:

Cabinet are requested to:

- 1) Recommend that Council approve the consultation response.

Council is requested to:

- 1) Approve the consultation response.

List of Appendices included:

Appendix 1 - Consultation response

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

Yes – 10th September 2013

Report title:

Consultation on Refreshing the Mandate to NHS England: 2014-2015– Consultation response

1. Context (or background)

- 1.1 NHS England, formally the NHS Commissioning Board, became a non-departmental public body of the Department of Health in April 2013, as part of the implementation of the Health and Social Care Act 2012. Its purpose is to oversee the planning, delivery and day to day operations of the NHS in England.
- 1.2 Their main role is to improve health outcomes for the people of England. In order to do this NHS England provides national leadership for improving outcomes and driving up the quality of care within the health service. NHS England is also responsible for overseeing the Clinical Commissioning Groups (CCGs) and allocating their resources. Additionally, NHS England commission primary care and specialist services.
- 1.3 The purpose of the Mandate to NHS England is to set the Government's ambitions for the NHS, as well as the funding available to achieve and deliver the kind of care people need and expect. This is the mechanism through which the NHS is accountable to Parliament, and therefore the general public.
- 1.4 The first Mandate to NHS England, published in November 2012, set objectives from April 2013 to March 2015, with the aim of providing stability to the NHS to plan ahead. It is a requirement of the National Health Service Act 2006 that the Mandate is refreshed on an annual basis to ensure it remains current and up to date following consultation.
- 1.5 Due to the short period of time allowed by the consultation it was not possible for a draft response to be considered by the Health and Social Care Scrutiny Board (Scrutiny Board 5) prior to the Cabinet and Council meetings.

2. Options considered and recommended proposal

- 2.1 The current Mandate sets twenty four objectives and the following five priority areas have been identified by Government. These are:
 - Improving standards of care and not just treatment, especially for older people and at the end of people's lives
 - The diagnosis, treatment and care of people with dementia
 - Supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology, and delivering a service that values mental and physical health equally
 - Preventing premature deaths from the biggest killers
 - Furthering economic growth, including supporting people with health conditions to remain in or find work
- 2.2 A core aim of the mandate is to provide consistency by setting the strategic direction of NHS England. The Government is therefore proposing to carry forward all of the existing objectives in the current Mandate.
- 2.3 The Government recognises that since the publication of the first Mandate in November 2012 a number of reviews, including the Francis Inquiry and Winterbourne View, have highlighted appalling care standards and abuse. The Government and the wider health and social care system must learn from the failings within the NHS and adult social care that these reviews uncovered. The refreshed Mandate proposes to reflect the recommendations to transform patient care and safety over the coming year.

- 2.4 There are a number of areas which the Government seek to update within the Mandate to NHS England for 2014/15. These include:
- Helping people live well for longer
 - Managing ongoing physical and mental health conditions, including strengthening Accident and Emergency (A&E) Services
 - Helping people recover from episodes of ill health or following injury
 - Making sure people experience better care
 - Providing safe care
 - Transforming Services
 - Supporting economic growth
 - Making better use of resources
- 2.5 The twenty one consultation questions and responses are detailed in the appendix to this report.
- 2.6 Overall, the Council welcomes the proposals as a significant step forward in improving the current Mandate to NHS England. In order to make a real difference, the Council believes there needs to be measurable objectives put in place, in order to monitor the process of NHS England in delivering change.
- 2.7 The Council urges the Government to appropriately fund the NHS and where applicable local authorities to meet the requirements of the Mandate, especially in relation to increased targets for dementia diagnosis and subsequent post diagnostic support, including support given to carers. If additional resources are not provided, the Government must recognise that this will place an additional financial burden across the health and social care economy.
- 2.8 The Council supports the strong emphasis on preventing ill-health in the mandate. However, this will only be achieved by close working relationships between the NHS and councils. As of April 2013, councils have taken on the lead responsibility for improving the health of the local population and now have the public health budgets. Therefore the NHS will only achieve this part of the Mandate if councils are properly resourced to deliver improvements in health outcomes. The Council asks the Government to maintain its commitment to properly fund public health in councils to ensure the burden of ill health is reduced both on the people of Coventry and the NHS.
- 2.9 The Council supports the Government commitment to strengthen A&E services and welcomes the additional short term funding the Government has committed to avoid the pressures of last winter. Nonetheless long term solutions will only be found through joint working between acute hospitals, primary care providers and commissioners to ensure alternative pathways are made available to avoid unnecessary presentations at A&E.
- 2.10 An effective NHS111 service and up to date directory of services would improve public confidence and therefore appropriate use of local services to enable demand suppression for A&E services.
- 2.11 The Council welcomes the Government's intention to publicise a plan for vulnerable older people in autumn 2013. The Council agrees that the priority areas for action are:
- Better early diagnosis and support to stay healthy
 - Named accountable clinician
 - Improved access
 - Consistent and safe out of hours services
 - Enhanced choice and control
 - Better Information Sharing

2.12 Over and above anything else the Council wishes to re-emphasise to the Government the need for the NHS to get back to basics and provide good quality, person centred care which ensures people's needs are met with dignity and compassion. These are the very principles on which the NHS was formed.

3. Results of consultation undertaken

3.1 The consultation response is from the City Council and therefore wider consultation has not been undertaken.

4. Timetable for implementing this decision

4.1 Responses to the consultation are required by 27th September 2013.

5. Comments from Director of Finance and Legal Services

5.1 Financial implications

There are no direct financial implications arising from this consultation.

5.2 Legal implications

The consultation being conducted in respect of refreshing the mandate to NHS England 2014-2015 does not give rise to any specific legal implications should the Council fail to submit its response by the deadline date of 27 September 2013. The consultation is however the Council's opportunity to provide its input and potentially to influence the policy outcome.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The proposed refresh to the Mandate to NHS England services will contribute to ensuring the quality of health care services in the city. This may contribute to people living longer, healthier lives.

6.2 How is risk being managed?

There are no specific risks relating to the consultation response itself.

6.3 What is the impact on the organisation?

The consultation response itself will have no specific impacts on the organisation.

6.4 Equalities / EIA

An Interim Coordinating Equality and Impact Statement has been produced by the Department of Health.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

The consultation response itself will have no specific impacts on partner organisations.

Report author(s):

Name and job title:

Simon Brake, Assistant Director - Policy, Performance and Health
Gemma Tate, Policy Analyst

Directorate:

Community Services

Tel and email contact:

Simon Brake on 024 7683 1652 or simon.brake@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Lara Knight	Governance Services Team Leader	Customer and Workforce Services Directorate	08.08.13	09.08.13
Dr Jane Moore	Director of Public Health	Chief Executive's Directorate	12.08.13	12.08.13
Names of approvers for submission: (officers and Members)				
Ewan Dewar	Finance Manager Community Services	Finance and Legal Services	26.07.13	30.07.13
Elaine Atkins	Solicitor, Legal Services	Finance and Legal Services	06.08.13	07.08.13
Brian M Walsh	Director	Community Services	11.08.13	12.08.13
Councillor A Gingell	Cabinet Member (Health and Adult Services)	Community Services	11.08.13	12.08.13

This report is published on the council's website: www.coventry.gov.uk/meetings

Appendices

Appendix 1

Consultation on Refreshing the Mandate to NHS England: 2014-2015

Consultation Questions and Responses

Refreshing the mandate

Question 1: What views do you have on the proposed approach to refreshing the Mandate?

The Council welcomes the opportunity to comment on the proposed approach to refreshing the Mandate. The Council agrees that the refresh of the Mandate to NHS England is appropriately timed given the significant challenges faced by the NHS to address examples of poor quality care coupled with constraints on public finances.

It is important that the Government recognise that any commitments made within the refreshed Mandate are likely to create new financial burdens across the health and social care economy.

The Council supports the strong emphasis on preventing ill-health in the mandate. However, this will only be achieved by close working relationships between the NHS and councils. As of April 2013 councils have taken on the lead responsibility for improving the health of the local population and now has the public health budgets. Therefore the NHS will only achieve this part of the mandate if councils are properly resourced to deliver improvements in health outcomes. The council ask the government to maintain its commitment to properly fund public health in councils to ensure the burden of ill health is reduced both on the people of Coventry and the NHS.

The Council has noted many references to supporting change within the proposal document. It is imperative for the future of the NHS that progress can be measured against these objectives. This will enable the public to regain its confidence in our much loved and respected health care service.

Question 2: What views do you have on assessing NHS England's progress to date against objectives?

The Council agrees that NHS England be subject to annual assessment of their performance. The performance of NHS England to deliver its objectives has to be the priority.

Although NHS England has had a slow start, the Government need to allow NHS England to manage and co-ordinate the NHS without ministerial interference.

The Government needs to give the new bodies created by the Health and Social Care Act some time to understand local pressures, for example the unprecedented pressures felt on Accident and Emergency services to enable a localised response. This will then enable innovation and cross sector working to be maximised for benefit of the population.

Question 3: What views do you have on the proposal to help people live well for longer?

The Council welcomes the proposal, as there is a need to focus on evidence-based interventions in early intervention and prevention. Including a move towards asset based working.

It is important that the NHS recognises the general public as people, partners and not passive recipients of care.

Partnership working across primary, secondary and social care is essential in helping people live well for longer. Integrated work with incentives to develop models based on delivering outcomes will assist this ambition to improve the quality and length of life.

The Council considers that it would be helpful to see greater strategic input from Public Health England, working in collaboration with Local Authority Public Health Departments.

Question 4: What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?

Coventry has experienced unprecedented pressure on A&E services over the last three years, with particular problems for the health economy being created by excessive demand last winter. Locally much work has been done on understanding the nature of the increases in demand, and identifying the impact this has caused on other health services particularly in the main acute hospital.

Whilst any short term support to ensure that a repeat of last winter is avoided, again the solution to these problems will only be achieved by joint work between acute hospitals, local primary care providers and commissioners to ensure alternative pathways are available to patients to avoid unnecessary presentations at A&E. For example, GPs need to improve access, enable better management of long term conditions and move towards aggressive case management and preventative care in the country.

The many problems of NHS111 do not need to be rehearsed here, but clearly the NHS should learn this experience to ensure it is avoided in future local health economies should be given a clear set of standards as to what NHS111 will achieve and then be allowed local flexibility to commission local services which are integrated into services with an emphasis on an accurate and up-to-date Directory of Services which will help build confidence in the service and ensure appropriate use of local services rather than presenting at the nearest A&E Department.

This issue has been the subject of an extended meeting of the City Council's Health Overview and Scrutiny Committee.

Question 5: What views do you have on the proposal to reflect NHS England's ambition to do diagnose and support two thirds of the estimated number of people with dementia in England?

The Council considers this to be a worthy ambition to increase dementia diagnosis, but considers the support provided to individuals and their families following diagnosis to be more important than obtaining a medical diagnosis itself. It is imperative that 'post diagnosis' support is clearly defined and adequately resourced despite the current financial pressures.

In Coventry, the Health and Well Being Board are holding an engagement day in October to accelerate progress around dementia. The day will involve users, carers, commissioners and providers as well as wider stakeholders such as the private sector. An action plan will be developed following the session, which will be monitored by the Board.

Question 6: What views do you have on updating the Mandate to make it a priority for NHS England to focus on Mental Health crisis intervention as part of putting mental health on a par with physical health?

The Council supports the proposal with regards to the equity and access to but it has to be in line with the law of mental health and mental capacity. Further understanding of the change in model is required before the Council provide detailed comments.

The Council considers Improving Access to Psychological Therapies (IAPT) services to be preventative service rather than a direct crisis intervention service.

The Council agrees that more people who experience mental ill health and distress should be supported to maintain their employment through a course of recovery, equitably and aligned with physical health approaches.

In order for this ambition to be successful an additional focus on employers is needed to ensure correct application of the Equality Act. This would ensure employers provide reasonable adjustments to those people with a mental health and or cognitive / developmental condition in order to support a successful return to the work place.

The Council would like to see specific reference to carers' being fully involved as expert care partners in managing episodes of mental health crisis, as their knowledge and experience is most valuable. It is also important to consider the needs of carers' to sustain their caring role, especially during crisis situations.

Question 7: What views do you have on the proposals to ask NHS England to take forward action around new access and/or waiting time standards for mental health services and IAPT services?

The proposal is welcomed but IAPT services need to be able to apply their services to people with a range of needs as identified above to ensure that people with the aforementioned conditions (Q6) get the same level of support and opportunity to retain employment. This should be based on maximizing their skill set in the workplace and therefore minimising the risk of deterioration due to a lack of applied understanding.

The Council agrees with the proposed extension of IAPT services to working age adults and children.

Question 8: What views do you have on the ambitions and expectations for vulnerable older people's plan?

The Council believes that the initial priority areas are the correct ones. Greater leadership is needed to ensure that GPs take on more responsibility in providing care and supporting vulnerable older people to stay healthy. Having a named accountable clinician to oversee care in the community is a positive step. The greatest and most important challenge will be to improve the quality of care to older people.

Question 9: What views do you have on how we should achieve our ambitions on the vulnerable older people's plan, particularly on how to strengthen primary care?

The Council considers that radical reform of the current GP contract is desirable to achieve the ambitions within the Vulnerable Older People's Plan. Those working within primary care services need to support, lead and drive these ambitions in order for them to be successful.

Question 10: How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?

The production of a fully integrated model for urgent, emergency and social care should be prominent in the Mandate as an ambition to improve outcomes for vulnerable older people.

Question 11: What views do you have updating the Mandate to reflect the Francis Inquiry and the review of Winterbourne View Hospital?

Whilst there needs to be recognition of the infrastructure and investment of services, a pooled budget will only consider the structure and mechanism of how services are delivered. Integration plans will not address everything.

Embedding a set of core principles and priorities that address the value and approach applied across all sectors in their service delivery is required. Including promoting peoples' identity and independence through a person centred approach by recognising vulnerable people as individuals with rights, who in accessing services do so in the understanding and knowledge of the need being met, how including the provision of required adjustments (such as communication support) and why.

A specific focus to address the specific events is also important, however it is the understanding of the common links between such events that will inform the scale of the problem and the actions required to deliver a sustainable outcome.

Abuse and inertia and poor practice across all disciplines which support people who require additional support in communicating their needs regardless of the reason, old age, sensory disabilities, learning, autism or head injury is not acceptable. A resetting of the code of conduct, practice competencies and consequences should be embedded across the board influenced by the learning of the two examples given. This would also apply within social care settings.

The focus should be on improving quality standards and understanding of people with additional needs. Therefore it is more important to reference improvement programmes rather than repeated references to specific reviews. It would also be helpful if the cross sector commitment to quality of care was referenced as this must be a key focus for health and social care integration.

Question 12: What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?

This is welcomed by the Council but person centred care needs to focus on individual outcomes and goals and not be transactional in its approach to coordinated care.

Question 13: What views do you have on updating the existing objective to reflect the pledges in Better health outcome for children and young people?

This is welcomed, as it represents a positive set of pledges for partners to support but there is a need to ensure balance between universal (preventative) and targeted (intervention) provision as there is a danger of only providing targeted services.

The government in its acceptance of the Marmot review has recognised the importance of the early years of life to improving health outcomes and reducing inequalities. The Council therefore urge the government to give greater prominence and commitment to the NHS working with councils on key areas such as health visiting, supporting effective parenting and breastfeeding where the evidence is clear that these interventions are protective of good child development. Coventry as a city has adopted the Marmot recommendations across all its areas of responsibility and would urge the government to make the same commitment in the NHS mandate.

Consideration should be given for additional national emphasis on raising the levels of children benefitting from sustained breastfeeding. The health benefits for mother and baby are so widely accepted and it is clear that the continued casual tolerance of bottle feeding and pockets of poor practice around this area are increasingly unacceptable.

Question 14: What views do you have on updating the existing objective to reflect the challenge for NHS England to the 'friends and family test' to general practice and community and mental health services by end of December 2014 and the rest of NHS funded services by the end of March 2015?

The Council welcomes the roll out of the 'friends and family test'. Currently only limited information is available to the public on a practice by practice basis. Patient choice and service quality will be improved by more transparency in outcomes from primary care, as it is anticipated to be the case for hospitals and now hospital consultants. However the current tool needs to be refined.

The Council is hopeful that over time the test will be central to an improved culture of care and compassion. These are some of the core values on which the National Health Service was founded. NHS England must use this intelligence on the progress of services to fulfil the Government's ambition of providing quality care to all.

Question 15: What views do you have on these proposals to improve patient safety?

The Council agrees with the proposal. Current limitations on the ability to share identifiable NHS and other data between service providers and statutory partners may unduly fetter future integration of Health and social care services, as well as limit the ability to triangulate and recognise complex patterns of activity which may lead to the improvement of patient safety and the reduction of harm.

Question 16: What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?

The Council agrees that NHS England should work with Monitor towards a fair playing field for providers.

Question 17: What views do you have on the proposal for Government to provide additional leadership on the delivery of agreed pre-existing Government Commitments?

Additional leadership capacity will be definitely be required by NHS England in order for them to be able to deliver the current and additional commitments proposed through this consultation. The Council considers that this will be especially important to deliver its Health Visitor commitments.

Question 18: What views do you have on the proposal to update the objective challenge NHS England to support the NHS to go digital by 2018?

This is welcomed, but in order have any impact on direct care the objective needs to be aligned to reforms relating to Information Governance across health and social care. The Council wouldn't support any costly IT solutions to achieve the ambition, as recent IT solutions have failed to meet expectations.

Question 19: What views do you have on the proposal to be more explicit on the expectation around reporting?

The Council agrees wholeheartedly, as this part of the Mandate will hopefully enable greater transparency and accountability within primary and secondary care to ensure quality provision is provided to all. However the reporting must be clear, candid and available to all stakeholders.

Question 20: What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?

The Council is supportive where NHS England can meaningfully do so. It is important that the founding principles of the NHS are maintained. NHS England has the opportunity to support responsibly and locally sourced services and materials under a range of recent legislation, and the Marmot evidence also describes the causal relationship between employment and improved health and wellbeing.

Question 21: What views do you have on the proposal to make better use of resources?

The Council believes that the NHS should be made available to those most in need, free at the point of delivery. It is essential that any system of cost recovery or eligibility checking process should not unduly limit or deter those who most need help from seeking it, nor should any such system risk the stigmatisation of vulnerable people or children who would benefit from access to assessment and treatment.