



National Voices

People shaping health
and social care

National Voices

National Voices' response to the consultation on refreshing the Mandate to NHS England

September 2013

Overview

National Voices has a concern about the process being used to revise the Mandate. We suggest that reviews of the Mandate should build on the BBC Charter model. That is, strategic objectives should be developed and mutually agreed between the government and the arm's length/independent agency prior to consultation and refinement.

National Voices welcomes some of the new ambitions expressed in the government's consultation document, but questions whether it is appropriate at this point to drop so many new or revised objectives into the new commissioning system.

For example, we fully support the ambitions the government has proposed for vulnerable older people. However, we support the same ambitions for *all* people who need multiple services over time, and who would benefit from person centred coordinated care.

NHS England is at an early but positive stage in gearing up the commissioning system to tackle these challenges, and is playing its part in the national collaboration on integration which is likewise gathering momentum. Selecting and prioritising one sub-group of the population that requires coordinated care risks undermining progress towards wider system transformation and creating unintended consequences by diverting commissioners' attention into short term responses.

While the Department of Health and NHS England, together with other national partners, are engaged in driving forward person centred coordinated care, there is no compelling reason to add further specific objectives on 'integration' at this stage.

We also warn that it is unhelpful for the consultation document to appear to position integration of care in the context of saving money, as this is an expectation that will be very difficult to fulfil within the lifetime of this Mandate.

We make one exception to our concern about additional objectives. As NHS England has committed itself to the ambitions and objectives in Better Health Outcomes for Children and Young People there can be no objection to these being included in a refreshed version.

National Voices has opposed the government's proposals to change the charging arrangements for migrants. We therefore oppose including an objective to do this in the Mandate to NHS England.

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About National Voices

National Voices is the national coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

We have more than 150 members with 130 charity members and 20 professional and associate members. Our broad membership covers a diverse range of health conditions and communities and connects with the experiences of millions of people.

National Voices is a 'strategic partner' to both the Department of Health in England and NHS England.

Answers to the consultation questions

Q1: What views do you have on the proposed approach to refreshing the Mandate?

It is unfortunate that the government's proposals read as if they are a unilateral approach to revising the Mandate. It appears as though the government wants to adopt certain new or revised objectives and has landed them in front of the commissioning system.

This does not appear to be in line with the spirit of the government's own reforms, whereby strategic objectives would be agreed by the government and the arm's length commissioning body (NHS England), with the latter given autonomy to develop the commissioning system in order to deliver the objectives.

There is useful learning to be adopted from the long experience of revising successive BBC Charters. Here the process of revision begins early and the BBC and government conduct a dialogue, including with stakeholders, about the strategic challenges ahead and the right objectives to set in order to meet them. There is therefore generally a constructive consensus emerging by the time the new draft Charter is published for full consultation.

Although we recognise the government's understandable desire for the Mandate to reflect the developing external context and to stay 'up to date', we also believe that such a substantial 'refresh' of the document after only one year may have the unintended consequence of undermining the clarity of the new accountability arrangements between government and the commissioning body.

In our view the NHS is more likely to achieve success in meeting the big strategic challenges if the Mandate is subject to significant revision towards the end of its life, allowing stability during its operational lifetime.

Q3: What views do you have on the proposal to help people live well for longer?

a. regarding mental health

The first Mandate for NHS England clearly set out the need to address premature mortality in people with severe mental illness, who die on average 15-20 years younger than the general population. This is one of the widest and most dramatic health inequalities and should thus continue to be a focus for concerted action led by NHS England.

It is becoming increasingly clear that common mental health problems such as anxiety and depression also cause significant premature mortality. The refreshed Mandate should include mention of the need to reduce premature mortality in people with common mental disorder.

There needs to be an explicit commitment to ensure that if people are to live well for longer, the health gap between people with mental health problems and the population as whole needs to be reduced.

In its response to this consultation, the Mental Health Policy Group, which includes National Voices members, will make specific suggestions of the means to achieve these objectives.

b. regarding children

National Voices welcomes the fact that NHS England has now signed up to 'Better health outcomes for children and young people' (the Pledge). It is therefore committed to 'reduce child deaths through evidence based public health measures and by providing the right care at the right time'.

In their response to this consultation, National Voices members who work with children and young people will make proposals on how NHS England can work to achieve this objective.

Q6: 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?

National Voices welcomes the recent Comprehensive Spending Review commitment to ensure every A&E department has Liaison Psychiatry services attached to it. This will help with providing the most appropriate care for people in crisis, and identifying those in the early stages of crisis.

The NHS Mandate refresh could usefully reflect this intention, as the government proposes; and could also reference the Concordat for improving care for people who are in a mental health crisis, which aims to put in place effective procedures in A&E departments so that people who present in a crisis receive the timely help they need.

The refresh could also usefully clarify that parity in mental health should include the dimension of children and young people's mental health, as it appears that mental health services for children and young people are regarded as an add-on rather than a mainstream service and currently lag behind the status of adult mental health.

NHS England needs to consider how it can make this a priority area; and how it can demonstrate progress, as the majority of the indicators that relate to improving mental health services and outcomes only apply to people who are over 16 (or over 18).

Q7: 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?

National Voices welcomes the intention of the government to increase the momentum towards establishing minimum access and waiting time standards for mental health standards.

We note that some of our mental health charity members strongly support putting these proposals into the Mandate.

National Voices seeks to balance this support with a cautionary note against peppering the Mandate with new objectives.

We agree that the government should ask NHS England to work with the Department and other stakeholders to develop a range of costed options for funding and implementing new access and / or waiting time standards for mental health services. Again, this work should take full cognisance of the 'lag' affecting children and young people's access to services, compared with adults.

However, we are not convinced that it is necessary to build this into the Mandate, with binding timelines, at this point.

Rather, the Department, NHS England and other key stakeholders including from the voluntary sector, should immediately initiate this work and mutually agree realistic timelines which include and take cognisance of the need to build any such standards into legislation (for example by directive of the Secretary of State) and thence into the NHS Constitution. This would give the standards parity with other access and waiting time standards at the level of patient rights.

Once included in the NHS Constitution these would automatically become objectives for NHS England through its statutory duties to promote the Constitution, to reduce health inequalities, and to achieve parity for mental health.

At the same time these rights should be reflected in measures set out in the Commissioning Outcomes Indicator Set and NHS Outcomes Framework.

Q8: What views do you have on the ambitions and expectations for the vulnerable older people's plan?

National Voices has some concerns about how the ambitions and expectations for the vulnerable older people's plan fit with – or potentially distort – the ambitions and expectations for *all* people with long term conditions and who need coordinated care.

We fully agree about the necessity for GPs and commissioners to institute population health management; to provide good access to primary care; to ensure effective access to out of hours services; and to develop services which support people to have choice and control over their health and their care and support.

However, these system changes and improvements are equally necessary and significant for all people who use multiple services over time, and who therefore need well coordinated care that is effective in preventing crisis episodes. Everything in paragraphs 33-35 of the consultation document is equally required for all people with long term conditions.

Likewise, the ambition for vulnerable elderly people to have a ‘named accountable clinician’ responsible for ‘ensuring that their care is coordinated and proactively managed’ (although controversial among professional groups) is something patient and service user organisations would strongly support – but which, again, is equally necessary and significant for all people with long term conditions.

We are aware, for instance, that National Voices member charities working with children are concerned that children could be further disadvantaged as a result of the focus on adults.

Likewise, member charities focused on specific long term conditions have reaffirmed to us that they want person centred care for all people with those specific conditions, not just the ones who might be categorised as ‘vulnerable’ and ‘older’.

The narrative for person centred coordinated care which National Voices coproduced with service users and national system leading organisations captures many of these ambitions in statements made from the user perspective.

It emphasises that service users want to know at any time who is in charge of their care, to have a single clear point of first contact, to exercise choice and control over their care and support, and to be involved in care planning which includes making advance plans for emergency situations.

The aim of this narrative, which all the integration pioneers are required to adopt and which is recommended to all localities, is to be *generic* – that is, to help commissioners to redesign services for all those who need high quality coordinated care. Our contacts with CCGs suggest that their data on the extent to which people have multiple co-morbidities demonstrates that a ‘generic’ commissioning approach is required.

The narrative was intentionally designed to support the clear policy intention of the government, advised by the NHS Future Forum, to promote integrated care ‘at scale and pace’. The aspiration here, which is now embodied in the common purpose framework and the pioneer programme, is for a step change to move beyond ‘bite size commissioning’, wherein commissioners focus large amounts of effort on small gains, in relation to specific sub-groups of the population needing coordinated care.

The ‘scale and pace’ imperative requires system wide transformation. The commissioning system is moving towards recognising, developing and supporting such an approach and National Voices sees this as an historic opportunity to secure the ‘new deal for people with long term conditions’ which we called for during the ‘listening’ pause in the NHS Health and Social Care Act’s progress.

We are working with NHS England, NHS IQ and others to assist their efforts, including through the voluntary sector Strategic Partners programme. We also maintain an interest and engagement in the integration programme and the pioneer workstream.

Thus, while National Voices welcomes and supports the aspirations in the Secretary of State’s speech announcing the Vulnerable Older People’s Plan (VOPP), we are concerned about its implementation, and its inclusion in the Mandate.

There is a manifest risk that, by selecting one sub-group of the patient population and prioritising them, especially in the context of immediate worries about service use during the next few months, the VOPP could:

- divert commissioners’ attention from the need for an approach to managing the health of the whole population

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- undermine the objectives of the integration programme and the pioneer workstream
- further delay the development of the commissioning system's focus on system wide transformation, and thereby inadvertently
- further delay the commissioning of adequate new arrangements for all people with long term conditions, including person centred coordinated care.

In light of these risks we believe the government should reconsider this proposal and discuss with NHS England how the latter can convincingly demonstrate that these ambitions are being achieved for all people who need coordinated care.

Note: with respect to the ambition to ensure 'improved access': National Voices agrees that primary and community services could make much more active use of new technologies to enable people to connect and make appointments. However we would seek clarification of what is meant by 'rapid walk-in access'. We believe such access should be based in general practice where possible, as advocated by the GP and commissioner Steve Kell. The experience of establishing separate 'walk-in' centres in the mid-2000s was that these duplicated rather than added to existing services, with a large proportion of patients being referred back to their GP for further investigation.

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?

As outlined above, National Voices believes that the ambitions for vulnerable older people's care are also and at the same time the ambitions that should apply to all people with continuing conditions, namely the provision of person centred coordinated care as described in the 'narrative', and should be implemented both through the drive for 'integration' (including the pioneer programme) and through the actions of the commissioning system in pursuit of the outcomes in domain 2 of the NHS Outcomes Framework.

As such these ambitions can be achieved through continuing to build the momentum for whole system transformation which the integrated care framework has initiated, and to which various parts of NHS England and NHS IQ are now giving their attention.

However, there are still some challenges to which the commissioning system needs to face up. Understandably at this early stage in its establishment, the commissioning system remains ambivalent and ambiguous about the extent to which it is prepared to lead the commissioning system in system wide transformation.

NHS England, in its work on its 'Call to Action', on its vision and strategy for domain 2, its co-leadership of the national integration drive, and its participation guidance to CCGs very clearly recognises that the way forward must be through ambitious system change.

This would include moving from the dominance of the medical model and of provision through acute care, towards a more holistic care and support model with a much stronger and more coordinated provision based at community/primary care level.

The question is what 'delivery model' will help to get us all there?

In National Voices' view, the best proven model in relation to long term conditions is the 'House of Care' approach, building on lessons from the Diabetes Year of Care pilots. This is the RCGP's preferred model for commissioning generically for long term conditions.

We are engaged, with others including NHS England and NHS IQ, in designing a resource 'hub' that will help to provide CCGs and communities of practice in primary care and local communities with the knowledge, understanding and training they will need to design their local House of Care.

We expect the House of Care approach to be featured up front at the landmark 'Future of Health' conference on 3rd and 4th October which has the ambition to influence the commissioning intentions of CCGs for domain 2 in future years and thereby to initiate further momentum towards system transformation.

Nevertheless there is recurrent ambivalence in NHS England's *corporate* approach to the House of Care. Although individuals and teams within NHSE and NHS IQ recognise the value and significance of this approach, they are reluctant openly and explicitly to endorse it, support it, and promote it wholeheartedly to CCGs and partners.

In this the national organisations appear to be affected by what, in our view, is an unduly cautious interpretation of their legal status and mandate within the reformed NHS. That is, having been told since inception that they must respect the delegated autonomy of local commissioners, they are fearful of being seen to 'tell' CCGs anything that seems like a 'must do'.

So while NHS England has come to understand that the House of Care approach could hold the key to its ambitions, objectives and outcomes, when it communicates with CCGs it is reluctant to go beyond referencing it as 'one approach' in which commissioners may be interested.

National Voices would like to see the government and NHS England explore how the adoption of this approach could be spread both through the NHS Commissioning system itself, and via other relevant partners at national and local level.

Q12: What views do you have on updating the objective to reflect NHS England's role in supporting person centred coordinated care?

In our view there is no compelling necessity to update this objective.

National Voices has contributed significantly to the development of the shared commitment to person centred coordinated care and welcomes the central role that NHS England has played and will continue to play, with its national partners, in implementing this drive.

However, NHS England's role within this programmatic approach is, it seems to us, within their autonomy to determine. Integrated or coordinated care is not an outcome in itself, but a route towards the achievement of key outcomes, potentially across all domains of the outcomes framework, but in particular domains 2 and 4.

Likewise, although the pooled health and social care fund of £3.8 billion has appeared since the original Mandate was agreed, it does not carry with it new or separate strategic objectives in relation to the outcomes in the relevant frameworks. It is a process mechanism to help achieve those outcomes.

Again, there is a risk here that by reframing the objective, or introducing new terms, the 'refresh' might distract attention from the gathering momentum in favour of

coordinated care that can clearly be discerned at local authority, CGG and national levels.

One further point we wish to make is about the second bullet point under paragraph 9 of the consultation document, wherein it appears the government seeks to reposition the drive towards coordinated care in the context of the financial sustainability of services.

In the long term there is clearly potential for better coordinated care to reduce duplication, reduce safety incidents, manage transitions better and help to anticipate and prevent the use of emergency services.

However in the short term – that is, the lifetime of this Mandate – there can be no guarantee that better coordination will ‘save money’, and the government should beware of creating a false prospectus to this effect. This would ultimately create unfulfilled expectations and discredit the purpose and value of coordinated care.

Q13: What views do you have on updating the existing objective to reflect the pledges in Better health outcomes for children and young people?

We agree with this proposal.

In our overall response to this consultation National Voices has balanced two factors:

- the natural impatience and evidenced demands of member organisations for change and improvement in specific areas of care affecting their beneficiaries, against
- the need to work in the spirit of the government’s reforms, enabling NHS England the commissioning system as a whole to have autonomy and consistent purpose in setting its strategies to achieve the demanding objectives already encoded in legislation and in the original Mandate.

We believe a different position obtains for the government’s proposal to reflect the pledges in ‘Better Outcomes for Children and Young People’. NHS England has already signed up to these pledges and therefore committed itself to the ambitions and objectives, and there can therefore be no objection to including them in a refreshed version of the Mandate.

In their response to this consultation, National Voices member organisations working with children and young people will make proposals on how accountability on these objectives could work, and how progress can be demonstrated.

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

The sole proposal preceding this question relates to the government’s consultation on changing the system for charging migrants for access to NHS services. National Voices has already opposed the government’s plans as set out in the recent consultation: see our response . Therefore we also oppose inserting a new objective for this into the Mandate. We note also the opposition of significant NHS stakeholders, especially those leading primary care.

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