



**RCN Policy and International Department
Policy briefing 21/12
August 2012**

Our NHS care objectives: a draft mandate to the NHS Commissioning Board

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Introduction

The Department of Health published a draft mandate to the NHS Commissioning Board on 4 July 2012. The mandate is the mechanism that the Secretary of State for Health will use to set out what the NHS Commissioning Board has to deliver. The consultation on the draft mandate runs until 26 September.

The Government have said that the aim of the consultation on the draft mandate is to:

- set care objectives that really matter to people
- ensure that patients continue to receive high quality care every time – care that is effective, safe and results in patients having as positive an experience as possible
- make sure that there is clear accountability and a transparent way to tell whether the board is getting results
- set out a clear expectation for continual improvement across the health service.

Alongside the draft mandate the Government have published four annexes:

- The NHS outcomes framework.
- Key measures for assessing progress against the 22 objectives in the mandate.
- The legal duties of the NHS Commissioning Board.
- The choice framework - a guide to the choices that the public can expect to have over their NHS-funded care and treatment in England.

Following the consultation, the Department of Health has said it will publish the final mandate in the autumn, to come into force from April 2013.

What is the role of the NHS Commissioning Board?

The NHS Commissioning Board, a key body in the Government's NHS reforms in England, began operating as a special health authority in October 2011 and is set to formally start work in April 2013. The board will:

- have responsibility for commissioning primary care services and certain specialist services
- have oversight of clinical commissioning groups (CCGs), including their funding
- host clinical senates and clinical networks to advise both the Board and CCGs on commissioning decisions.

What are the draft mandate objectives?

The draft mandate includes 22 objectives under five headings:

1. Improving our health and our healthcare: this sets objectives for improving outcomes and reducing inequalities under the NHS Outcomes Framework, rather than setting objectives for individual clinical conditions. It sets ambitions for:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill-health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

2. Putting patients first: this sets objectives to extend shared decision-making and choice, improve information, make services more integrated around the needs of individuals, and improve the support the NHS gives to carers.

3. The broader contribution of the NHS: this sets objectives about how the NHS can work better with other public services, and how it can contribute to economic growth, including through its support for research and innovation.

4. Effective commissioning: this sets objectives about getting the full benefits from the new system of commissioning, while at the same time managing the transition in a way that safeguards service performance and finances.

5. Finance and financial management: this will set the board's resources and expectations of increased efficiency.

It aims to:

- increase the proportion of NHS patients in England who would rate their experience as "good"
- increase the proportion of patients who would recommend their hospital to a family member or friend as a high-quality place to receive treatment and care
- increase the proportion of doctors, nurses and other staff who would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care
- provide evidence that poor performance is being tackled where patients and/or staff say they would not recommend their hospital to family members or friends as a high-quality place to receive treatment and care.

What are the overarching consultation questions in the draft mandate?

There are 12 specific consultation questions, five of which are overarching:

- Will the mandate drive a culture which puts patients at the heart of everything the NHS does?
- Do you agree with the overall approach to the draft mandate and the way the mandate is structured?
- Are the objectives right? Could they be simplified and/or reduced in number; are there objectives missing? Do they reflect the over-arching goals of NHS commissioning?
- What is the best way of assessing progress against the mandate, and how can other people or organisations best contribute to this?
- Do you have views now about how the mandate should develop in future years?

Some initial issues for RCN members to consider on the draft mandate

- Do you agree with the objectives laid out in the consultation?
- Do you think the objectives in the mandate can be objectively measured?
- Do you think the mandate will allow the NHS to plan strategically on a more long-term basis?
- Do you think the RCN should be encouraging the Government to become more 'hands off', and leave the creation of new targets solely to the NHS-CB?
- Do you believe that the mandate as laid out in the consultation will drive a culture which 'puts patients at the heart of everything the NHS does'?
- The mandate emphasises the importance of improving the health and healthcare of NHS staff. Do you think this work in practice?

Tell us what you think?

Please send your comments to policycontacts@rcn.org.uk by **Tuesday 4 September**. The RCN is keen that feedback from our members helps inform our response to the consultation.