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PSNC Briefing 108/13: NHS England’s mandate for 2014/15 and the NHS Outcomes Framework 2014/15

This briefing summarises NHS England’s refreshed mandate for 2014/15 and highlights the associated NHS Outcomes Framework 2014/15. The mandate sets out the goals that the Department of Health (DH) expects NHS England to achieve and it consequently will inform the organisation’s national and local commissioning priorities. LPCs and pharmacy contractors may want to consider this information when they discuss service developments with NHS England’s Area Teams (AT) and clinical commissioning groups (CCGs).

The NHS Outcomes Framework 2014/15

The [NHS Outcomes Framework](#) sits alongside the Adult Social Care and Public Health outcomes frameworks. It provides a national overview of how well the NHS is performing; is the primary accountability mechanism, in conjunction with the Mandate (see below), between the Secretary of State for Health and NHS England and it is intended to drive up quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process.

The 2014/15 document, which was published alongside the Mandate for 2014/15, provides an update on the progress that has been made to develop existing indicators in the NHS Outcomes Framework published last year. It does not commit to adding any new indicators into the framework; instead, the intention is to review the framework next year as part of the process to refresh the NHS Outcomes Framework 2015/16.

Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there is a small number of overarching indicators followed by a number of improvement areas. The domains focus on improving health and reducing health inequalities:

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

The [DH ‘NHS Outcomes Framework 2014/15 at a glance’ document](#) provides a handy one page summary of the key indicators.

The Mandate

The refreshed [mandate to NHS England](#) sets out DH’s ambitions for how the NHS needs to improve. It covers the period from April 2014 to the end of March 2015 and carries forward all the existing objectives in [the first Mandate to NHS England](#). NHS England is legally required to pursue the objectives set out in the mandate.



The mandate plays a vital role in setting out the strategic direction for NHS England and ensuring it is democratically accountable. It is the main basis of Ministerial instruction to the NHS, which must be operationally independent and clinically-led. Other than in exceptional circumstances, including a general election, it cannot be changed in the course of the year without the agreement of NHS England. The Mandate is therefore intended to provide the NHS with much greater stability to plan ahead.

The detail of the mandate

By March 2015, the Government expects NHS England to make improvements in the quality of care it offers. They should:

1. Help people live well for longer;
2. Manage ongoing physical and mental health conditions;
3. Help people to recover from episodes of ill health or following injury;
4. Make sure people experience better care;
5. Provide safe care;
6. Free the NHS to innovate;
7. Support the NHS to play a broader role in society; and
8. Make better use of resources.

DH are challenging NHS England to make greater progress towards transforming patient care and safety and in tackling the growing pressures and demand on NHS services. Significant improvements are expected by:

- taking forward the relevant actions set out in the further response to the Robert Francis QC public inquiry into the lessons from Mid Staffordshire NHS Foundation Trust;
- taking forward the actions set out in the vulnerable older people's plan (to be published shortly) which will set out the Government's ambition for improved health for the whole population, starting with the most elderly and vulnerable in society; and
- taking forward actions to deliver a service that values mental and physical health equally.

These build on the following priority areas where the Government is expecting particular progress to be made:

- 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;
- preventing premature deaths from the biggest killers; and
- furthering economic growth, including supporting people with health conditions to remain in or find work. NHS England is also expected to play a full role in supporting public service reform.

These priorities reflect the Government's absolute commitment to high quality healthcare for all, while highlighting the important additional role the NHS can play in supporting economic recovery.

Preventing people from dying prematurely

DH's ambition is for England to become one of the most successful countries in Europe at preventing premature deaths, and its objective for NHS England, working with CCGs, is to develop their contribution to the new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020.

This will require work with others, including national and local government and Public Health England (PHE). It will also take many years of sustained effort and innovation for this ambition be realised. NHS England's objective is to make significant progress:

- in supporting the earlier diagnosis of illness, particularly through appropriate use of primary care, and tackling risk factors such as high blood pressure and cholesterol. This includes working with PHE to support local government in the roll out of NHS Health Checks;

- in ensuring people have access to the right treatment when they need it, including drugs and treatments recommended by NICE (taking account of the Pharmaceutical Price Regulation Scheme agreement), and services for children and adults with mental health problems;
- in reducing unjustified variation between hospitals in avoidable deaths, so that standards in all hospitals are closer to those of the best;
- in focusing the NHS on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more.

Enhancing quality of life for people with long-term conditions

DH wants to empower and support the increasing number of people living with long-term conditions. One in three people are living with at least one chronic condition; by 2018 nearly three million people, mainly older people, will have three or more conditions all at once.

NHS England's objective is to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive. They should ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. Achieving this objective would mean that by 2015:

- far more people will have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full;
- everyone with long-term conditions, including people with mental health problems, will be offered a personalised care plan that reflects their preferences and agreed decisions;
- patients who could benefit will have the option to hold their own personal health budget as a way to have even more control over their care;
- the five million carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.

Another of NHS England's objectives is to achieve a significant increase in the use of technology to help people manage their health and care. In particular, the Government expects that by March 2015:

- everyone who wishes, will be able to get online access to their own health records held by their GP. NHS England should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;
- clear plans will be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;
- clear plans will be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;
- everyone will be able to book GP appointments and order repeat prescriptions online;
- everyone will be able to have secure electronic communication with their GP practice, with the option of e-consultations becoming much more widely available;
- significant progress will be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

NHS England is uniquely placed to coordinate a major drive for the better integration of care across different services. DH wants to see improvements in the way that care:

- is coordinated around the needs, convenience and choices of patients, their carers and families – rather than the interests of organisations that provide care;
- centres on the person as a whole, rather than on specific conditions;
- ensures people experience smooth transitions between care settings and organisations, including between primary and secondary care; and

- empowers service users so that they are better equipped to manage their own care, as far as they want and are able to.

In order to achieve these objectives, NHS England needs to deliver the best possible foundation for the Integration Transformation Fund, which will make £3.8bn available to support health and care services to work more closely together from 2015/16 (see [PSNC Briefing 100/13: The Integration Transformation Fund](#)).

DH also aim for the diagnosis, treatment and care of people with dementia in England should be among the best in Europe. The objective for NHS England is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers. NHS England have agreed a national ambition for diagnosis rates that by 2015 two-thirds of the estimated number of people with dementia in England should have a diagnosis, with appropriate post-diagnosis support. NHS England will work with CCGs to support local proposals for making the best treatment available across the country.

Helping people to recover from episodes of ill health or following injury

The variability in health service performance is highlighted by DH in setting an objective for NHS England to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. DH wants a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services. This means:

- reporting results at the level of local councils, clinical commissioning groups, providers of care and consultant-led teams;
- the systematic development of clinical audit and patient-reported outcome and experience measures;
- real consideration of how to make it easy for patients and carers to give feedback on their care and see reviews by other people, so that timely, easy-to-review feedback on NHS services becomes the norm.

Where local clinicians are proposing significant change to services, DH want to see better informed local decision-making about services, in which the public are fully consulted and involved. NHS England's objective is to ensure that proposed changes meet four tests:

1. strong public and patient engagement;
2. consistency with current and prospective need for patient choice;
3. a clear clinical evidence base; and
4. support for proposals from clinical commissioners.

Another objective for NHS England is to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole. By March 2015, DH expects measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services.

Ensuring that people have a positive experience of care

The Government's final response to the Francis Inquiry, published in November, seeks to ensure that the commissioning, delivery, monitoring and regulation of healthcare brings about a transformational change that focuses on achieving reliably safe and high quality care, that puts patients at its heart and where compassionate care and patient experience are as important as clinical outcomes. NHS England's objective is to take forward the actions they have agreed in this response, working closely with its partners to achieve change with significant progress expected in 2014/15.

NHS England's also has an objective to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives.

NHS England must also make rapid progress in measuring and understanding how people really feel about the care they receive and taking action to address poor performance. Part of this objective is for NHS England to introduce the 'friends and family' test for patients across the country.

Treating and caring for people in a safe environment and protecting them from avoidable harm

As indicated in the NHS Constitution, patients should be able to expect to be treated in a safe and clean environment and to be protected from avoidable harm. In recent years the NHS has made progress in developing a culture of patient safety in the NHS, through the introduction of stronger clinical governance within organisations. But much remains to be done, as highlighted by the Berwick Review on patient safety.

NHS England's objective is to continue to reduce avoidable harm and make measurable progress by 2015 to embed a culture of patient safety in the NHS including through improved reporting of incidents. This includes a specific indicator on the incidence of medication errors causing serious harm.

Freeing the NHS to innovate

The Government and NHS England are of one mind in recognising that the scale of the ambitions in the mandate cannot be achieved through a culture of command and control. Only by freeing up local organisations and professionals, and engaging the commitment of all staff to improve and innovate, can the NHS achieve the best health outcomes in the world.

NHS England's objective is to get the best health outcomes for patients by strengthening the local autonomy of clinical commissioning groups, health and wellbeing boards, and local providers of services. The Government will hold NHS England to account for achieving this; and it will be supported by a process of comprehensive feedback for assessing their performance.

To support the NHS to become more responsive and innovative, NHS England's objective by 2015 is to have:

- fully embedded all patients' legal rights to make choices about their care, and extended choice in areas where no legal right yet exists. This includes offering the choice of any qualified provider in community and mental health services, in line with local circumstances;
- working with Monitor to support the creation of a fair playing field, so that care can be given by the best providers, whether from the public, independent or voluntary sector. This calls for NHS England to lead major improvements in how the NHS undertakes procurement, so that it is more open and fair, and allows providers of all sizes and from all sectors to contribute, supporting innovation and the interests of patients;
- made significant improvements in extending and improving the system of prices paid to providers, so that it is transparent, and rewards people for doing the right thing.

The broader role of the NHS in society

The NHS is the biggest public service in the country, accounting for 8% of national income. It contributes to the growth of the economy, not only by addressing the health needs of the population, thereby enabling more people to be economically active; but also through supporting the life sciences industry; by adopting and spreading new technologies; and through exporting innovation and expertise internationally.

NHS England's objective is to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth.

The NHS and its public sector partners need to work together to help one another to achieve their objectives; NHS England's objective is to make partnership a success. This includes demonstrating progress against the Government's priorities of:

- continuing to improve services for both disabled children and adults;
- continuing to improve safeguarding practice in the NHS;
- contributing to multi-agency family support services for vulnerable and troubled families;

- upholding the Government's obligations under the Armed Forces Covenant;
- contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;
- improving services through the translation of scientific developments into benefits for patients;
- helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness;
- developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services;
- championing the Time to Change campaign to raise awareness of mental health issues and reduce stigma, including in the NHS workforce.

Finance

NHS England's revenue budget for 2014/15 is £97,952 million and its capital budget is £320 million. The indicative revenue budget for 2015/16 is £99,909 million and its indicative capital budget is £220 million.

Government is clear that it is vital that NHS England deliver the mandate within available resources, both in the current spending review period and beyond. NHS England's objective is therefore to ensure good financial management and unprecedented improvements in value for money across the NHS, including ensuring the delivery of its contribution, and that of CCGs, to the QIPP programme.

Assessing progress and providing stability

NHS England's direct commissioning responsibilities offer a great opportunity to improve standards and national consistency. NHS England has an important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care plays in supporting delivery of the objectives across this mandate.

The Department of Health will hold NHS England to account for the quality of its direct commissioning, and how well it is working with clinical commissioners, health and wellbeing boards, and local healthcare professionals. An objective is to ensure that, whether NHS care is commissioned nationally by NHS England or locally by clinical commissioning groups, the results – the quality and value of the services – should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework. Success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

If you have any queries on this PSNC Briefing or you require more information, please contact [Alastair Buxton, Head of NHS Services](#).