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Rt Hon the Earl Howe P.C.
Parliamentary Under Secretary of State for Quality (Lords)
Richmond House
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October 6th, 2014

Updating the NHS Mandate for 2015/16

Dear Earl Howe,

Thank you for your letter about the update to the NHS Mandate for 2015/16. I am writing back in our capacity as one of the statutory consultees of the Mandate.

I wanted to start by registering our appreciation for the early engagement and conversation on the NHS Mandate by your officials led by Gareth Arthur, your Deputy Director in the Department. This early engagement has allowed for a deeper and more productive exchange of ideas than last year and I am very pleased with the outcome.

We see the NHS Mandate as playing a crucial part in shaping the role and remit of NHS England and ensuring that existing commitments deliver on both the aspirations of the Government and the expectations of consumers in health and social care.

Having reviewed the plans for this update, we understand and support the Department's rationale for creating a more stable Mandate for 2015/16 to create clarity and certainty for the system at a time of political and economic change.

Parity of Esteem between Physical and Mental Health

In particular, we welcome and passionately support the proposed changes to the Mandate to ensure a parity of esteem between physical and mental health. This urgency is reflected in our own on-going special inquiry into discharge from hospital and the secure mental health estate, which shows that significant change improvements are required to ensure that people with mental health conditions are adequately prepared for discharge and have access to on-going support in the community.

As part of this work, we understand that your officials will be working with NHS England to explore standards around opening up access to psychological therapies and reducing waiting times, which in the 2014/15 Mandate you stated would have a particular focus on children and young people.

This is vitally important, given that 3 in 4 people with a mental health condition are unable to access the support they need and that our own special inquiry is finding that people have limited access to out of hours mental health crisis support. We also hope that this will lead to significant progress for children and young people with mental health conditions, and we will take a particular interest in this through our role on the new Department of Health Child & Adolescent Mental Health (CAMHS) taskforce.

Improving public and patient involvement

Beyond this, however, we have continuing concerns about the implementation of the current Mandate that we feel need to be addressed in the conversations about delivery of the 2015/16 update. These concerns centre on:

- Assurance of public and patient involvement in Clinical Commissioning Group (CCG) decisions about service change and redesign locally.
- Involvement and engagement of the public, people using NHS services, their family and carers in national commissioning decisions.

Firstly, in the 2014/15 Mandate you wrote that *'where local clinicians are proposing significant change to services, [the Department] want to see better informed local decision-making about services, in which the public are fully consulted and involved'* and included in the fulfilment of this objective *'strong public and patient engagement'*. Similarly, NHS England (in operationalising this mandate) included in their Assurance Framework and Operational Guidance (as part of Domain 2) a requirement for CCGs to involve local Healthwatch and the public in decisions about service change.

In our correspondence (attached to this letter) with the Secretary of State, and Simon Stevens on the Legislative Reform (Clinical Commissioning Groups) Order 2014 you will have seen our concerns about not having assurance from NHS England that CCGs have met their threshold for meaningfully involving the public and local Healthwatch in decisions about major service changes.

We have expressed the desire to see NHS England's detailed assessment of whether CCGs have met the assurance threshold for Domain 2 and whether CCGs are therefore compliant with the legislation and statutory guidance relating to public

involvement in decision making (specifically the duties under s. 14Z2 of the National Health Service Act 2006, as amended by s. 26 of the Health and Social Care Act 2012 and the statutory guidance set out in Transforming Participation in Health and Care issued by NHS England in 2013). We await this assessment from NHS England and will continue to look to the Department to support our calls for this to be sufficiently addressed in the fulfilment of the 2015/16 Mandate.

Secondly, we are concerned about the omission of any parameters about patient and public involvement in both the current and proposed Mandates. As the consumer champion for health and social care, Healthwatch England believes that effective patient and public engagement is vital for the national commissioner of NHS services. We know that you will share our feeling on this, as this aspiration was at the heart of the Health and Social Care Act 2012 and the Government's expectations of the reform.

Whilst we do not believe the Mandate should specify involvement and engagement mechanisms, we do feel the NHS Mandate must contain the Department's ambitions and expectations of how NHS England (acting in its capacity as the national commissioning board) should involve the public and patients in decisions about national, direct and specialised commissioning.

In particular, we look to NHS England to clarify the purpose and impact of the different engagement mechanisms it is currently utilising and to ensure that they are making the most of the unique role of Healthwatch locally and are adding value to a complex landscape of patient and public engagement. We additionally look to NHS England for their assessment of the impact of their patient and public involvement mechanisms on commissioning decisions and would welcome conversations with them about how these mechanisms could be strengthened.

Future engagement

We very much welcome your invitation to continue conversations about the 2015/16 Mandate, and consider more substantive and ambitious updates in the future.

Beyond the 2015/16 update, we believe there is an urgent need for a more substantive re-crafting of the NHS Mandate. Whilst, we appreciate that the Mandate does not express the entirety of NHS delivery or ambitions, it does articulate the priorities that have been given by the Department in its role as the steward for the NHS in England.

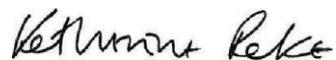
Given this, we would welcome a more detailed conversation with your officials to help shape the Department's thinking about how future updates to the Mandate could reflect the priorities of the public, people using health and social care

services their families and carers. Underpinning this would need to be a meaningful process of engagement with the public and a process of translating the Mandate into an accessible format that would enable a productive conversation with the public.

To this end, I will ask my team to continue their work with Gareth Arthur. In pursuing this, it would be helpful to have clarity over when in 2015 the Department anticipates the Mandate will be refreshed.

As ever, if you require further detail on any of this letter, do not hesitate to get in contact.

Yours sincerely,

A handwritten signature in black ink that reads "Katherine Rake". The signature is written in a cursive, flowing style.

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