



Department  
of Health

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I would like to thank you for Healthwatch England's helpful contribution to discussions on setting the mandate to NHS England for 2018/19, including through your formal submission to my colleague Steve Brine in December and the subsequent constructive meeting between Imelda Redmond and Jonathan Marron, the Director General responsible for developing the mandate. Building on that discussion, I am writing now to set out the action we are taking in response, both within the mandate and more broadly.


We have taken a multi-year approach to setting the mandate since 2016/17, setting enduring objectives to 2020 with tangible goals and annual deliverables beneath each of them. This has provided NHS England and the wider NHS with the stability needed to deliver against key strategic priorities, including those it set itself through the *Five Year Forward View* and *Next Steps on the NHS Five Year Forward View*, which we fully support.

This stability is more important than ever for the year ahead, in light of the challenges involved in improving performance on patient access standards, including the Referral to Treatment and Accident and Emergency waiting time standards. Recovering performance against both of these will rely on effectively managing demand, including by making sure that patients are not kept in hospital for any longer than they need to be, and increasing elective activity so that everyone who needs NHS support gets the right care, at the right time, and from the most appropriate service. It will also rely on NHS England collaborating even more with its wider system partners, particularly with NHS Improvement, to maximise their collective impact.

To support this, we have provided through the Budget an additional £2.8 billion between 2017/18 and 2019/20, taking total NHS funding to over half a trillion pounds from 2015 to 2020. Alongside the additional funding, we have taken the decision that the mandate to NHS England for 2018/19 will provide for stability and consolidation by rolling forward the objectives, goals and annual deliverables that are in the mandate for 2017/18. This approach is also being taken to setting NHS Improvement's annual remit. The only significant exception to this overall approach is that we have added new expectations relating to EU Exit, reflecting the importance of NHS England working with us to ensuring a smooth and orderly withdrawal in the best interests of patients.

We have considered Healthwatch England's comments on the mandate for 2018/19 in light of this decision, and I have set out in the annex attached to this letter the action we are taking in each area.

We look forward to continuing to engage with Healthwatch England on the mandate, and on specific projects on health and care, in the coming year. As last year, for example, we would very much welcome your insights on NHS England's progress to support the Secretary of State's annual published assessment of its performance in 2017/18.

*Yours sincerely*  


**STEVE BARCLAY**  
**MINISTER OF STATE FOR HEALTH**



## Department of Health

### **Department of Health and Social Care response to Healthwatch England submission on the mandate to NHS England 2018/19**

#### Improving public involvement in service change

Building on comments made in relation to the 2017/18 mandate, Healthwatch England's submission emphasises the importance of ensuring that communities are sufficiently involved in local decisions, particularly where these involve significant changes to local health services. It suggests in particular that the mandate could ask NHS England to develop a metric on patient and public involvement, similar to the one developed for the Clinical Commissioning Group Improvement and Assessment Framework, for inclusion in the Sustainability and Transformation Partnership progress dashboard. I know that you made a similar recommendation to the Health Select Committee's recent inquiry on STPs, reflecting feedback from local Healthwatch that, whilst STPs in general have improved public and patient involvement, some have considerably more to do.

Involvement of patients and the public in shaping and implementing plans is the key to successful service transformation and we acknowledge that this is an area in which STPs are continuing to develop, to ensure the needs and views of local populations are appropriately taken into account. Whilst we have not set a new expectation in the mandate at this stage, we and NHS England are therefore considering how best to assess patient and public involvement in STPs.

#### Using discharge as measure for integration

The mandate to NHS England for 2017-18 introduced a challenging target for reductions in delayed transfers of care (DTOC) recognising that, as well as reducing hospital capacity, these delays cause unnecessary distress for patients. Healthwatch England welcomed this addition, and your submission this year comments on the further work you have done to explore patients' experience of hospital discharge. This has highlighted concerns about the implications for emergency readmissions and suggests that one way to improve understanding of these would be to publish data on emergency readmissions once more.

We agree that this is important to explore. Emergency readmissions data was last reported in the NHS Outcomes Framework Indicators for 2012. However, the National Audit Office's 2 March 2018 report on reducing emergency admissions noted Healthwatch England's estimate that readmissions have risen by 22.8% between 2012-13 and 2016-17. There are a number of slightly different definitions of an emergency readmission currently in use and so we are now working closely with NHS England and others with a view to agreeing a single definition that could be included in the NHS Outcomes Framework again in future. It will take time to get this right, but we will continue to engage with you on progress.

#### Demonstrating how feedback is improving care

Your submission reinforced Healthwatch England's view on the importance of learning from all kinds of feedback, including complaints, and using this to improve the quality and safety of services provided. It acknowledges how far we have already come but suggests that more should be done to spread good practice throughout the health and care system. It also highlights potential to make even better use of the information already available through a number of different channels.

We fully support the need to build on what has already achieved and have arranged for Healthwatch England to become a member of the Department's Complaints Improvement Partnership. This has been established to work closely with key system partners to align and co-ordinate activity to capture what patients are saying about the quality of their care, and to act on this and on all forms of feedback to improve services. The group will also play an important role in ensuring that good practice is shared across the wider health and care system.

We have also rolled forward and very slightly updated the feedback deliverable already included in the mandate to NHS England. This reflects our position that, having now laid the groundwork, NHS England now needs to continue to apply and embed effective approaches to learning from feedback.

### Evaluating progress on mental health

Your submission noted that local Healthwatch have continued to identify mental health as their top priority. It recommended that more should be done to evaluate both what is driving improvements in mental health services, and to address continuing concerns about whether the progress made has had a real impact on the experience of patients. From our further discussions on this, we understand that you are in particular keen to be reassured that there is a clear line of sight, from national to local level, on what is being achieved for the additional investment we have made to improve mental health provision in recent years.

All of the access and waiting time standards set out in the Five Year Forward View for Mental Health are being achieved, or on track to be achieved by 2020/21. Important progress has also been made on improving care over the past two years – for example through integrated IAPT and Physical Care services, perinatal community services, and more hospitals providing 24/7 Mental Health liaison teams. However we recognise that there is still some way to go to realise in full the benefits from additional funding provided for mental health and we agree that it is important to understand how it is being used. The Five Year Forward View for Mental Health Dashboard has already been established to provide unprecedented transparency on mental health funding and its benefits in terms of improved access to care and outcomes. To reinforce its role, we have now specifically referenced it within the overview on mental health within the mandate objective on improving out of hospital care, of which mental health is a core element.

### NHS targets

Your submission explores the importance of understanding patient experience, alongside performance against access standards, to provide a rounded picture of how well the NHS is meeting need. It suggests that if there is any consideration of changing any standards, this additional information would help to assess the potential impact on patients.

We have no plans to change the core patient access standards. The additional funding we have provided through the Budget, along with the approach we have taken to the overall mandate, will help the NHS to rise to the challenge of reducing waiting times in the face of rising demand.

Patient experience is vital to consider when making policy and operational decisions that impact on NHS services, at both national and local levels. This is inherent in the mandate expectations that we are rolling forward on making effective use of all forms of feedback. It is also relevant to the action we are taking (set out above) in response to Healthwatch England's comments about patient and public involvement in service change.



## Department of Health

### Tackling access to primary care dentistry

Building on Healthwatch England's review of people's experience of primary care dentistry, your submission suggests that more needs to be done to ensure that there is adequate provision of primary care dental services throughout England, with particular focus on those groups who find it most difficult to access services.

We agree that this is an important issue: increasing access, improving oral health, and reforming dental contracts all remain Government commitments and NHS England will continue to take forward work on all of them. For example, it is working to identify areas in which access is difficult, and looking at how capacity can be increased. It is also taking forward focused work (the "Starting Well" scheme, launched in Autumn 2017) to improve care and access for children under 5 years old in thirteen areas of England. In addition, it is hoping to make a further programme to improve services for children ("Starting Well Core") available for commissioners across the country to implement where they believe there is a need.

We are also aware that the CQC is exploring a number of potential initiatives for 2018/19, including a joint project with Healthwatch England to explore dentistry access. Should this be taken forward, we would welcome the opportunity to review the outcome.

