Consultation on Mandate
26/09/2012

Joint Response by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) to the Consultation on the Draft Mandate between the Department of Health and the NHS Commissioning Board

BACKGROUND

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Councils in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts, community services and increasingly, Children's Social Care within their Councils

The Local Government Association's (LGA) mission is to support, promote and improve local government. We work with councils to achieve our shared vision for local government by focusing our efforts where we can have real impact, being bold and ambitious, and supporting councils to make a difference, deliver and be trusted.

KEY MESSAGES

- Overall we welcome the broad outcomes focus of the draft mandate. This is crucial to ensuring that the Commissioning Board has maximum freedom to deliver with its partners, and in particular local government.
- We welcome the objectives to work collaboratively and in an integrated way with local government, but it would be helpful if the Mandate put greater emphasis on the importance of the relationship between delivery partners – in particular the Compact agreement between local government and NHS Commissioning Board nationally. We recommend that in response to consultation question 12, the Government mandates the Commissioning Board to work with local government on delivering the Compact agreement.
- We would like to see the mandate underline the Board's role in ensuring that local government, by working through Health and Wellbeing Boards with other partners, is a driving force working alongside the Board in respect of system leadership in health and social care.

Integration and joint working

- We welcome the objectives to work collaboratively and in an integrated way with local government. These objectives include:

1. *"Objective 11: Develop a collaborative programme of action (to commence by April 2014) to further the ambition that healthcare professionals throughout the NHS should take all appropriate opportunities to support people to improve their health."*
2. "Objective 13: *Ensure that the new commissioning system promotes and supports the integration of care (including through joint commissioning) around individuals, particularly people with dementia or other complex long-term needs."*
3. *"Objective 15: Improve the support that carers receive from the NHS, in particular by:—Early identification of a greater proportion of carers, and signposting to information and sources of advice and support; and—Working collaboratively with local authorities and carers' organisations to enable the provision of a range of support, including respite care."*

- We are clear that integration is not an end in itself, but must lead to integrated pathways and improved outcomes on the ground and efficiency for individuals and communities. Delivery partners must not be held accountable for processes but for the outcomes they deliver.

- It would be therefore be helpful for the Mandate to recognise the importance of the relationship between the key delivery partners –NHS and local government. The Compact agreement is the basis upon which local government and the Commissioning Board provide national support to local joint working and integration. Explicit reference to the Compact in the Mandate would be helpful to focus this as a priority to deliver joint working and integration.

- The mandate should make more of the opportunity presented by Community Budgets and Health and Wellbeing Boards to demonstrate the capacity of local leadership for whole-system reform. This should be more strongly reflected in section 4 of the mandate.

- Section 4 of the mandate should also place greater recognition on the wider social, economic and environmental impact of the health system locally. Health leaders should be held to account to how they contribute to the wider health of an area.

System leadership

- We would like to see the mandate underline the Board's role in ensuring that local government, by working through Health and Wellbeing Boards with other local partners, is a driving force working alongside the Board in respect of system leadership in health and social care, holding to account national and local partners for delivery.

Prevention

- The mandate could be made stronger around prevention: health commissioners and providers must maximise the opportunities to intervene early and prevent long-term ill health. It sets out the challenges we face, and the reforms already in train to alter the balance of influence in favour of clinicians, but it could go further and capture the determination in local government to look at real, tangible commissioning innovation that leads to improved outcomes and reduced demand.

.**Outcome frameworks - children**

- There is a general weakness running through the mandate around early years (pre-school) and childhood interventions, and demand management. In addition it might be worth a little more emphasis around technology and innovation in this sphere.

- The use of the NHS outcomes framework makes sense but some thought needs to be given to how the government can hold the Board to account in terms of specific outcomes for children's health and wellbeing. This needs to go beyond the section set out at 4.7 to 4.11.

Outcome frameworks – physical activity

- The mandate offers an opportunity to galvanise action around this issue, linking it to the strategies on food, tobacco and alcohol but importantly articulating a much stronger and comprehensive mission around healthy lifestyles and social wellbeing.

RESPONSE TO SPECIFIC QUESTIONS IN THE MANDATE

1. Will the mandate drive a culture which puts patients at the heart of everything the NHS does?

The mandate is an important step forward in putting people who use health services at the heart of everything the NHS does and is broadly in alignment with the focus of local government. However, this has to be within the context of the resource challenges the public sector, especially local government is experiencing, so responses to people will be based on an assessed hierarchy of need.

2. Do you agree with the overall approach to the draft mandate and the way the mandate is structured?

The structure of the mandate seems sensible.

3. 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?

The objectives seem broadly sensible in terms of content. We welcome the commitment for the NHS to work with a broader range of public bodies.

We endorse integrated working both at a national and local level. Integrated commissioning and service provision is fundamental to our ability to respond to the challenges outlined in section 1 of the mandate.

Assessing Progress

4. What is the best way of assessing progress against the mandate, and how can other people or organisations best contribute to this?

A good way of assessing progress against the mandate would be to use the respective outcomes frameworks to measure progress on the delivery of Joint Health and Wellbeing Board Strategies. Health and Wellbeing Boards should report on the implementation of the strategies, with possibly an impact assessment on the progress made in the locality to locally accountable bodies such as the Health Overview and scrutiny Committee.

However, whilst the JHWS will undoubtedly address some of the priorities in the three outcomes frameworks, this will depend on whether they are identified as local priorities in the JSNA and JHWS. The tension between national and local priorities arising from the outcomes frameworks could be dampened by joining up the separate outcomes frameworks into a single coherent framework, and encouraging the NHS and local government to put in place joint plans that address both local and national priorities.

5. Do you have views now about how the mandate should develop in future years?

Development of the mandate should be based on the progress made in localities, with national bodies facilitating learning nationally. They should respond to reports on the outcomes and results of the implementation of HWB strategies in localities.

Improving our health and our healthcare

6. Do you agree that the mandate should be based around the NHS Outcomes Framework, and therefore avoid setting separate objectives for individual clinical conditions?

Yes, but it remains important that the NHS Outcomes Framework is inclusive across the whole population (to include children and young people, as well as

working age adults and older people). The LGA and ADASS welcomes an integrated outcomes framework that spans NHS, Social Care and Public Health that promotes and supports integrated working and system leadership locally to achieve better outcomes in a place-based way.

7. Is this the right way to set objectives for improving outcomes and tackling inequalities?

Yes. Resources where needed most to tackle health inequalities and improving wider health and well being needs.

8. How could this approach develop in future mandates?

Future mandates could recognise other factors which affect NHS/PH outcomes such as local economics condition such as unemployment**,** housing etc and present a clear commitment to ensuring a place-based approach to the use of resources.

Putting patients first

9. Is this the right way for the mandate to support shared decision-making, integrated care and support for carers?

Yes.

10. Do you support the idea of publishing a "choice framework" for patients alongside the mandate?

Yes

The broader contribution of the NHS

11. Does the draft mandate properly reflect the role of the NHS in supporting broader social and economic objectives?

This could be strengthened and influenced via local JHWSs and Health and Wellbeing Boards. JHWSs should be influencing the Commissioning Board planning.

Effective commissioning

12. Should the mandate include objectives about how the Board implements reforms and establishes the new commissioning system?

We think that the mandate should set broad objectives, but should leave responsibility for implementation to those responsible for delivery to enable

maximum flexibility for local partners to deliver against the key outcomes. It should not include measures of processes but measures of outcomes.

However, we firmly believe that there should be a clear expectation that the NHS should work in close partnership with local government to ensure the best use of resources and assets against outcomes. The Compact agreement between the LGA and the Commissioning Board will define how local government and the Commissioning Board will work together nationally to support local action, and it would be helpful if the Mandate recognised this.