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## Our NHS care objectives

A draft mandate to the NHS  
Commissioning Board

*Coordinating document for the Impact  
Assessments and Equality Analysis*

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# Introduction

## **About this document**

This document has a dual purpose. It is the coordinating document for the Impact Assessments (IAs) and Equality Impact Assessments (EIAs) or Equality Analyses (EAs) for the policies contained within the draft mandate to the NHS Commissioning Board. It also provides a summary of our initial equality analysis of the work carried out during the preparation of the draft mandate itself.

Because the objectives set in the draft mandate are largely based on existing policies, this document provides an overview of the policy and equalities evidence which underpins the content of the draft mandate. However, the equalities considerations taken into account in the preparation of the draft mandate are set out in this document by an equality analysis.

This document accompanies, and should be read in conjunction with, the draft mandate, its annexes and the mandate consultation document that have been published for formal public consultation.

# The mandate and its objectives

## The mandate

The new NHS Commissioning Board will oversee the way that over £80 billion of taxpayers' money is spent to secure NHS services for the people of England.

Under the Health and Social Care Act 2012, the Government must set objectives for the Board in a "mandate", which must be updated every year, following consultation. In order to provide stability for the NHS, the mandate can only be changed mid-year in limited circumstances.

The mandate is the main formal accountability document setting objectives for the NHS Commissioning Board. It is one part of a broader relationship through which the Secretary of State will hold the Board to account for its performance. The Board will also operate to standard Government accountability features such as framework agreements setting out working relationships and a limited number of financial directions, as well as the Health and Social Care Act 2012 and associated regulations, which set out the Board's core functions and duties and requirements for the commissioning of services.

## Better healthcare outcomes

As explained in the accompanying consultation document, the core purpose of the mandate, and of the NHS Commissioning Board, is to help improve people's health and the outcomes of healthcare. The objectives proposed in the draft mandate for improving the outcomes of healthcare are drawn from the indicators in the NHS Outcomes Framework, which provide an overview of the performance of the NHS.<sup>1</sup>

The NHS Outcomes Framework describes the outcomes that people care about most, grouped in five "domains":

- 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 people have a positive experience of care; and
- treating and caring for people in a safe environment and protecting them from avoidable harm.

The draft mandate sets out the Government's ambitions for progress on these five domains, with finalised levels of ambition being set following this consultation process.

The evidence supporting this approach, and outlining all of the equalities considerations, can be found in the full Impact Assessment<sup>2</sup> and Equalities Impact Assessment<sup>3</sup> prepared for the NHS Outcomes Framework.

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<sup>1</sup> Department of Health, 9 December 2011

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131700](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700)

<sup>2</sup> Department of Health, December 2010

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122953.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122953.pdf)

## Putting patients, carers and the public first

As well as establishing an outcomes based approach for the NHS Commissioning Board, the draft mandate also proposes objectives for the Board which reflect the Government's vision for an NHS that puts patients, carers and the public first.

A key element of this is establishing shared decision making as the norm in the NHS. Evidence has shown that this is what patients want.<sup>4</sup> The Health and Social Care Act 2012 requires the Board and Clinical Commissioning Groups to promote the involvement of patients and carers in decisions about their treatment and care, and to act with a view to enabling patients to make choices about their healthcare. The Department recently published for consultation its detailed proposals to give patients more opportunities for choices about their care and treatment all along the patient pathway<sup>5</sup>, which was accompanied by a full Impact Assessment<sup>6</sup> and Equality Analysis<sup>7</sup>.

Another way of offering people choice, and enabling shared decision-making, is through a personal health budget. Personal health budgets can empower people, especially those with long-term conditions and disability, to have even more control over their NHS-funded care, leading to more appropriate, effective and beneficial services and treatments.

Personal health budgets are currently being piloted across the country and are being independently evaluated. The evaluation will report in October 2012 and will provide information about their effectiveness, including analysis by equalities groups. Early evidence from the pilot programme cannot be disaggregated by protected characteristics, but overall indications are that they work well for people eligible for NHS Continuing Healthcare, with early indications suggesting that outcomes are improving and costs reducing.

The Department produced an impact assessment for personal health budgets at the outset of the pilot programme.<sup>8</sup> A further impact assessment will be published following the end of the pilot programme to inform decisions about rollout.

If people are to share in decisions and make informed choices, they need better information about all aspects of their healthcare. The Government's recent information strategy *The Power of Information*,<sup>9</sup> provides the principles and overall context for the Board's work in this area.

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<sup>3</sup> Department of Health, December 2010  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122955.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122955.pdf)

<sup>4</sup> The Kings Fund, July 2010, Patient Choice  
[http://www.kingsfund.org.uk/publications/patient\\_choice.html](http://www.kingsfund.org.uk/publications/patient_choice.html)

<sup>5</sup> Department of Health, 23 May 2012,  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134218.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134218.pdf)

<sup>6</sup> Department of Health, 23 May 2012,  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134220.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134220.pdf)

<sup>7</sup> Department of Health, 23 May 2012,  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134219.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134219.pdf)

<sup>8</sup> Department of Health, 27 November 2008  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_094799.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094799.pdf)

<sup>9</sup> Department of Health, 21 May 2012 <http://informationstrategy.dh.gov.uk>

The strategy document includes sections setting out the evidence and benefits for the main actions and ambitions. As an example, there are significant benefits to both patients and GP practices from offering patients access to their own GP records online and to other online services such as online appointment booking and repeat prescription services. The Impact Assessment<sup>10</sup> supporting this strategy further analyses these benefits and the supporting evidence. The strategy's Equality Analysis<sup>11</sup> takes into account the equalities implications, for example access to information issues faced by hard to reach groups and confidentiality issues which particularly impact on the LGBT community.

Another vital element of creating a health service that is truly responsive to the needs of patients, carers and their families and that delivers services designed around individuals is the greater integration of services.

Evidence suggests that integrating services can improve outcomes significantly, and reduce costs.<sup>12</sup> Crucially, the integration of services around the needs of individuals could particularly improve outcomes for vulnerable groups and people with complex needs, including children with special education needs or disabilities, and the frail elderly.

Finally, many people who are frail or who have long-term health conditions receive a significant amount of care from their families or friends, often for many years: 18% of respondents to the 2011 GP patient survey identified themselves as carers.

Evidence has shown that caring responsibilities can place a mental and physical toll upon carers, leading to poorer health outcomes and health inequalities.<sup>13</sup> The NHS can play a vital role in signposting people to information and advice and referring them where appropriate to local authorities and the voluntary sector for support, including appropriate respite care.<sup>14</sup>

Early identification, and effective assessment and interventions for carers, including breaks from caring responsibilities are likely to help carers maintain their own health and wellbeing, lead to better support for patients living in the community and enable people to be cared for longer in their own homes. *Recognised, valued and supported: Next steps for the Carers Strategy* highlights these key areas and the accompanying Impact Assessment and Equality Impact Assessment outlines the full evidence and equality considerations.<sup>15</sup>

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<sup>10</sup> Department of Health, May 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134185.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134185.pdf)

<sup>11</sup> Department of Health, May 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134183.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134183.pdf)

<sup>12</sup> E.g. see Singh D, Ham C (2005). *Transforming Chronic Care: Evidence about improving care for people with long-term conditions*. Birmingham: University of Birmingham, Health Services Management Centre; Curry N, Ham C (2010). *Clinical and Service Integration: The route to improved outcomes*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/clinical\\_and\\_service.html](http://www.kingsfund.org.uk/publications/clinical_and_service.html); Goodwin N, Smith J (2011). *The Evidence Base for Integrated Care*. Slidepack. Available at:

[www.kingsfund.org.uk/current\\_projects/integrated\\_care/integrated\\_care\\_work.html](http://www.kingsfund.org.uk/current_projects/integrated_care/integrated_care_work.html); Rosen R, Mountford J, Lewis G, Lewis R, Shand J, Shaw S (2011). *Integration in Action: Four international case studies*. London: Nuffield Trust, <http://www.nuffieldtrust.org.uk/publications/integration-action-four-international-case-studies>

<sup>13</sup> *In Poor Health – The Impact of Caring on Health*, Carers UK, December 2004

[http://www.carersuk.org/media/k2/attachments/In\\_Poor\\_Health\\_The\\_impact\\_of\\_caring\\_on\\_health.pdf](http://www.carersuk.org/media/k2/attachments/In_Poor_Health_The_impact_of_caring_on_health.pdf)

<sup>14</sup> *In the know the importance of information for carers*, Carers UK December 2006

[http://www.carersuk.org/media/k2/attachments/In\\_the\\_Know.pdf](http://www.carersuk.org/media/k2/attachments/In_the_Know.pdf)

<sup>15</sup> Department of Health, November 2010,

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_12327\\_9.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_12327_9.pdf)

## The broader role of the NHS

The draft mandate reflects the way that the NHS works in partnership with other public services to help deliver better social outcomes and reduce health inequalities. It focuses on three main areas where the NHS can have a major impact – children and families, violent crime and offenders and the armed forces. It also acknowledges the role the NHS plays in the wider economy by promoting growth through innovation and research.

The NHS has a key role, as part of a multi-agency approach, in tackling the issues faced by troubled families. Recently published DH-funded research on health related work in family intervention projects shows that tackling the underlying health issues of these families is crucial to helping them to make a sustained improvement.<sup>16</sup>

Research has also shown that the NHS has a major role to play, alongside local authorities, schools, the police, and other local partners in ensuring robust arrangements are in place to safeguard children; to intervene early to prevent and reduce risks; and to identify and act where there is evidence of risk, abuse or neglect.<sup>17</sup> In response to the Munro Review of Child Protection,<sup>18</sup> the Government committed to working with partners to ensure that effective arrangements to safeguard children are central to the new health system.

The Department for Education's (DfE) Special Educational Needs Green Paper<sup>19</sup> recognises that the NHS, schools and children's social services need to work together to support children with special needs or disabilities, primarily through the integration of planning and commissioning of the care packages developed through Education, Health and Care Plans. A recent National Audit Office report suggests that achieving the Department's objectives of greater independence and employability through special education could benefit individuals and reduce longer-term support needs.<sup>20</sup> This would provide savings across the public services, including the NHS, and impact positively on individuals within specific protected characteristic equality groups.

The NHS plays a vital role in improving community safety. One specific measure highlighted by the draft mandate is information sharing between A&Es to tackle violence, which is a Coalition Commitment. This policy is based around the 'Cardiff Model'. The British Medical Journal has concluded that "the Cardiff Violence Prevention Programme is associated with a substantial and sustained reduction in violence related harm, whether recorded by health services or by the police. This effect was observed only for violence causing wounding and not for more minor violence; the intervention was associated with an estimated 42% fewer woundings recorded by the police relative to comparison cities four years after implementation."<sup>21</sup>

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<sup>16</sup> Childhood Wellbeing Research Centre, April 2012

[http://www.cwrc.ac.uk/documents/Final\\_FIPs\\_report\(acceptedApril2012\).pdf](http://www.cwrc.ac.uk/documents/Final_FIPs_report(acceptedApril2012).pdf)

<sup>17</sup> Ofsted, 26 November 2011 <http://www.ofsted.gov.uk/resources/ages-of-concern-learning-lessons-serious-case-reviews>

<sup>18</sup> Department for Education, May 2011

[http://www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TAGGED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf)

<sup>19</sup> Department for Education, March 2011 <https://www.education.gov.uk/publications/eOrderingDownload/Green-Paper-SEN.pdf>

<sup>20</sup> National Audit Office, 4 November 2011

[http://www.nao.org.uk/publications/1012/special\\_education\\_for\\_young\\_pe.aspx](http://www.nao.org.uk/publications/1012/special_education_for_young_pe.aspx)

<sup>21</sup> Florence, Sheppard, Brennan, Simon *British Medical Journal*, BMJ 2011;342:d3313, 15 April 2011

<http://www.bmj.com/content/342/bmj.d3313.long>

Offenders and ex-offenders typically have high health and social care needs and have difficulty accessing appropriate services. Evidence of the substantial over-representation of people from socially excluded sections of the community in the offender population is well documented.<sup>22</sup> Research has also shown that offenders generally do not access the health services they need outside of prison.

The draft mandate aims to promote community safety by proposing better integrated health services, so offenders of all ages can access services appropriate to their needs, in line with standards set for the rest of the population. Health inequalities can be addressed through this and engagement with NHS health services and specific health promotion, treatment and prevention interventions.

The Armed Forces Covenant was published in May 2011 and sets out the relationship between the Nation, the State and the Armed Forces.<sup>23</sup> It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families, and it establishes how they should expect to be treated. It exists to redress the disadvantages that the Armed Forces community faces in comparison to other citizens, and to recognize the sacrifices that they have made.

The draft mandate recognises that the NHS Commissioning Board will be instrumental in discharging the Government's obligations under the Armed Forces Covenant, by working to ensure that the health needs of the Armed Forces community are met, including by promoting integration with social care where this would improve patient outcomes.

Finally, under the provisions of the Health & Social Care Act 2012, the NHS Commissioning Board has a duty to promote innovation and health research. This reflects the important role that the NHS has in contributing to economic growth. The Board has an important contribution to make through its leadership of the NHS commissioning system, and through the systems and processes that it establishes for commissioning health services. The recent call for evidence and subsequent report *Innovation, Health and Wealth* has set out an agenda for spreading innovation throughout the NHS.<sup>24</sup>

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<sup>22</sup> Lennox C and shaw J (2009) *Offender Health: Scoping Review and Research Priorities within the UK*. Liverpool: offender Health Research network.

<sup>23</sup> Ministry of Defence, May 2011

<http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/>

<sup>24</sup> Department of Health, December 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_134597.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_134597.pdf)

## Effective Commissioning

The draft mandate proposes a number of objectives relating to the commissioning of healthcare services, reflecting the new system of commissioning created by the Health and Social Care Act 2012. The NHS Commissioning Board has a duty to establish the new commissioning landscape by authorising Clinical Commissioning Groups (CCGs), who will commission the majority of health services from April 2013.

To support the system established by the Act, the draft mandate proposes that the Board and Monitor work together to establish pricing structures which support improved outcomes and deliver value for money. The Board will also support changes in services which deliver improved outcomes, and demonstrate how the services that they will directly commission lead to improved outcomes.

The details of the new system are explained by parts 1 and 3 of the Health & Social Care Act 2012,<sup>25</sup> with analysis of the policy provided in the Bill Impact Assessments Annexes A and B,<sup>26</sup> and an equality analysis in the Equality Analyses Annexes A and B.<sup>27</sup> Support and advice regarding the responsibilities of the new CCGs with respect to the Equality Act 2010, including the Public Sector Equality Duty, has been provided through the transition period.

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<sup>25</sup> [http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga\\_20120007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf)

<sup>26</sup> Department of Health, 19 January 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129917.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129917.pdf),

<sup>27</sup> Department of Health, 19 January 2011

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129978.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129978.pdf),

# Equality Analysis

## Introduction

This is a summary of the initial equality analysis work we have carried out. This will be further developed in the light of comments received during the consultation period, and a final equality analysis will be published alongside the final mandate later this year.

## Equality and diversity in the new health system

Equalities considerations are at the heart of the new health system. The Health and Social Care Act 2012 creates, for the first time ever, a legal duty on the Secretary of State for Health to have regard to the need to reduce inequalities between the people of England, covering both public health and NHS services. This duty is replicated on the NHS Commissioning Board and Clinical Commissioning Groups (CCGs), and complements the existing Public Sector Equality Duty (Equality Act 2010).

In addition to these statutory duties, the new focus on health outcomes actively promotes equality by encouraging a system where commissioners respond to people's needs as individuals in a holistic and integrated way, rather than setting objectives for individual clinical conditions.

The mandate plays a key enabling role in the health system by being the mechanism by which the Government sets specific requirements on the NHS Commissioning Board to focus on outcomes and reduce inequalities via the NHS Outcomes Framework.

As part of these duties, the Board and CCGs will set out in their business plans how they intend to reduce inequalities and advance equalities, reporting on the progress they have made in doing so in their annual report. In this way, they will be held to account for how effectively they reduce inequalities and advance equalities.

The Secretary of State is also required to set out in his annual report how he has fulfilled his inequality duty. This will mean that there will be a focus on health inequalities throughout the system - through the mandate, the NHS and Public Health Outcomes Frameworks, and commissioning decisions. These arrangements will be a powerful force for promoting inequality, tackling inequalities and improving the health of the most vulnerable.

## Equality & diversity in preparing the Mandate

The Department of Health's Corporate Plan for 2012-13 states that:

- as a system leader of the reformed health, public health and social care system we will ensure equality remains an integral and vital part of transition
- as a policy maker we are committed to ensuring that equality is central to policy, based on the best available evidence and understanding of the public we serve
- as an employer we will continue to promote and achieve equality and diversity in the workplace.

This complements the Public Sector Equality Duty, which requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

Our approach to developing the draft mandate has been consistent with the both the Department's Corporate Plan and has demonstrated due regard to the requirements of the Public Sector Equality Duty for the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Each proposed objective for the draft mandate was subject to a rigorous internal assessment, with the potential impact on equality and the protected characteristics a central part of the process. We also wanted to ensure that the draft mandate supported the duties relating to reducing health inequalities which have been embedded into the health system by the Health and Social Care Act 2012.

We used the detailed information available in the Equality Impact Assessments (EIAs) and Equality Analyses (EAs) which underpin the policies from which the draft objectives are drawn as part of the process of shaping the draft objectives and Mandate. Details of how the equalities evidence in existing EIAs and EAs was incorporated into the draft objectives are demonstrated below.

### **Engagement with stakeholders**

In preparing the draft mandate, we engaged in extensive pre-consultation discussions with a wide range of stakeholders representing patients and carers as well as clinicians and third sector organisations. A wide range of groups and individuals expressed the view that the consultation exercise should include a 'complete' draft mandate rather than a document outlining possible approaches to the mandate, as this would allow an easier route to engagement. Following this feedback, we took this approach to the consultation process.

We want to ensure that during the formal consultation process we engage with the largest possible range of people, and that the consultation reflects all of the protected characteristics. Our stakeholder plan includes a digital approach which seeks to explain the mandate and

provide the best possible opportunity for people (with differing degrees of prior understanding of the mandate and health reform) to contribute. We hope that this will enable people who may not have responded to a consultation document, by providing additional explanations of the context and the content of the mandate. One of the aims of this approach is to engage third sector organisations and other groups concerned with the protected characteristics, namely:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

By providing third sector and other organisations with a more accessible consultation we are encouraging them to share it with their members and seek their views.

As part of the consultation process, we are also mindful of the needs of the digitally excluded, many of whom are over the age of 60 or from lower socio-economic groups. The draft mandate consultation will engage with appropriate stakeholder organisations, and work with them to gather the widest range of views possible.

This process of consultation will provide us with feedback that will help inform the mandate that we publish in the autumn.

### **Equality and diversity in the mandate objectives**

The mandate will play an important role in the drive to reduce health inequalities and advance equalities. The draft mandate proposes objectives for the NHS Commissioning Board which strive to reduce health inequalities, primarily through the NHS Outcomes Framework. Its objectives also set out priorities for the NHS Commissioning Board which have due regard to the protected characteristics of the Public Sector Equality Duty.

Objectives 7 and 8 of the draft mandate reflect the drive to reduce health inequalities. Objective 7 asks the Board to provide an assessment of progress in reducing health inequalities across all domains of the NHS Outcomes Framework, and objective 8 aims to tackle inequalities through a greater focus on disadvantaged communities.

Other objectives in the draft mandate reflect existing Government policy and support the NHS Commissioning Board in playing a full part in promoting equality in line with the Public Sector Equality Duty.

In terms of the NHS Outcomes Framework, from the time of its initial Impact Assessment work has been ongoing to disaggregate its indicators by the protected equality characteristics. Initially, it was acknowledged that data collections for some of the equality strands were more complete than for others. For example, there is better coverage for age and gender (questions

are asked as standard and patients provide the information) than for religion or belief and sexual orientation.

Work is ongoing to further explore the feasibility of disaggregating the indicators of the NHS Outcomes Framework by the protected equalities characteristics and by other dimensions of inequality such as sub-national breakdowns (regional, Local Authority and Provider), socioeconomic group and deprivation. An updated assessment of the availability of disaggregated data is available with the technical annex to the NHS Outcomes Framework.

The draft mandate includes an objective aimed at promoting the involvement of patients and carers in decisions about their treatment and care. This objective took into consideration the Equality Analysis (EA) of the ongoing consultation on patient choice<sup>28</sup>. The EA highlighted the potential issues faced by older people, disabled people and socio-economically deprived groups in accessing the right information to allow them to make informed choices, and proposed mitigating actions.

The issue of access to information for specific protected characteristics was also noted in the Equality Analysis for the Government's information strategy *The power of information*.<sup>29</sup> The draft mandate contains an objective for the NHS Commissioning Board to improve the quality and availability of information about NHS services, which incorporates issues identified around digital exclusion for specific protected characteristics (in particular adults over 65 years of age and in lower socio-economic groups).

Carers, as one of the protected characteristics under the Equality Act 2010, are subject of a specific objective in the draft mandate, proposing that the NHS Commissioning Board offer greater support to carers. This reflects the specific issues identified in the Equality Impact Assessment for the *Next steps for the Carers Strategy*<sup>30</sup> relating to protected characteristics, such as the higher proportion of carers who are female, from specific ethnic minorities and/or over the age of 60.

A list of links to full Equality Impact Assessments and Equality Analyses for the policies underpinning the objectives of the draft mandate can be found in the annex.

## **Next steps**

To ensure that promoting equality and eliminating discrimination remain an integral part of the mandate, we will look carefully at the responses from this consultation that suggest improvements in these areas, engage proactively with organisations on these issues and strive to incorporate any appropriate proposals or ideas into the final mandate and mandate equality analysis.

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<sup>28</sup> Department of Health 23 May 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134219.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134219.pdf)

<sup>29</sup> Department of Health May 2012

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134183.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134183.pdf)

<sup>30</sup> Department of Health, November 2010,

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_123279.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123279.pdf)

This consultation process will be the start of a continuous process of engagement with stakeholders. We will work alongside the NHS Commissioning Board to engage with organisations representing the protected characteristics as the Board works to implement the objectives of the mandate, and establish a clear way of assessing progress against equality outcomes.

As part of the process of joint working, the Department and NHS Commissioning Board will look at the best ways to embed equality considerations into governance arrangements. Work has already begun on this through the establishment of a standing agenda item on equalities and inequalities for the bi-monthly accountability meetings between the Secretary of State and the Chair of the NHS Commissioning Board.

In addition to longer-term stakeholder engagement, we will continue to assess developments in policy areas which show evidence of further refinements in terms of equalities, and work to incorporate improvements coming out of this type of work into future mandate objectives. For example, work is ongoing to establish the feasibility of disaggregating more of the indicators in the NHS Outcomes Framework by the protected equality characteristics. As this work progresses, the impact on the objectives set for the NHS Commissioning Board may need to be amended to reflect new information.

We acknowledge that there some policy areas informing objectives in the draft mandate which are not yet fully formed, but have the potential for major positive impact on equalities and health inequalities. For example, the Department's work on integration is developing, and is not yet supported by a full Impact Assessment or Equality Analysis. We envisage this work developing rapidly in the future, and evidence relating to equalities that emerges will be taken into consideration for future versions of the mandate.

The nature of the mandate supports a process of continuous development, as though the mandate will set objectives for the Board covering multiple years, it will be published annually. This allows amendments and improvements to be made as the policies within it are further refined in the light of new evidence to promote equality. These amendments and improvements will be fully explored in future accompanying equality analyses.

# Annex

Links to related Impact assessments and Equality Impact Assessments or Equality Analyses prepared by the Department of Health, and other sources of evidence from external organisations:

## **Department of Health publications**

### Health & Social Care Bill (now Act)

Coordinating document for Impact Assessments and Equality Analysis:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129916.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129916.pdf)

Impact Assessments:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129917.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129917.pdf)

Equality Analyses:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129978.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129978.pdf)

### NHS Outcomes Framework

Impact Assessment:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122953.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122953.pdf)

Equalities Impact Assessment:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122955.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122955.pdf)

No decision about me, without me: Further consultation on proposals to secure shared decision making

Impact Assessment:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134220.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134220.pdf)

Equality Analysis:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134219.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134219.pdf)

The Power of Information: Putting us all in control of the health and care information we need

Impact Assessment:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134185.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134185.pdf)

Equality Analysis:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_134183.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134183.pdf)

Recognised, valued and supported: Next steps for the Carer's Strategy

Impact Assessment & Equality Impact Assessment:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_123279.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_123279.pdf)

Piloting Personal Health Budgets

Impact Assessment

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_094799.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094799.pdf)

## **Publications by other organisations**

Department for Education

Support and aspiration: A new approach to special educational needs and disability

<https://www.education.gov.uk/publications/eOrderingDownload/Green-Paper-SEN.pdf>

Munro Review of Child Protection: A child-centred system

[http://www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TAGGED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf)

Minister of Defence

The Armed Forces Covenant

<http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/>

Ofsted

Ages of concern: learning lessons from serious case reviews

<http://www.ofsted.gov.uk/resources/ages-of-concern-learning-lessons-serious-case-reviews>

National Audit Office

Oversight of special education for young people aged 16-25

[http://www.nao.org.uk/publications/1012/special\\_education\\_for\\_young\\_pe.aspx](http://www.nao.org.uk/publications/1012/special_education_for_young_pe.aspx)

The King's Fund

Patient Choice: How patients choose and how providers respond

[http://www.kingsfund.org.uk/publications/patient\\_choice.html](http://www.kingsfund.org.uk/publications/patient_choice.html)

Clinical and service integration: The route to improved outcomes

[http://www.kingsfund.org.uk/publications/clinical\\_and\\_service.html](http://www.kingsfund.org.uk/publications/clinical_and_service.html)

The Evidence Base for Integrated Care slidepack

[http://www.kingsfund.org.uk/current\\_projects/integrated\\_care/integrated\\_care\\_work.html](http://www.kingsfund.org.uk/current_projects/integrated_care/integrated_care_work.html)

The Nuffield Trust

Integration in Action: Four international case studies

<http://www.nuffieldtrust.org.uk/publications/integration-action-four-international-case-studies>

Carers UK

In Poor Health: The impact of caring on health

[http://www.carersuk.org/media/k2/attachments/In\\_Poor\\_Health\\_The\\_impact\\_of\\_caring\\_on\\_health.pdf](http://www.carersuk.org/media/k2/attachments/In_Poor_Health_The_impact_of_caring_on_health.pdf)

In the know – the importance of information for carers

[http://www.carersuk.org/media/k2/attachments/In\\_the\\_Know.pdf](http://www.carersuk.org/media/k2/attachments/In_the_Know.pdf)

Childhood Wellbeing Research Centre

Health Related Work in Family Intervention Projects

[http://www.cwrc.ac.uk/documents/Final\\_FIPs\\_report\(acceptedApril2012\).pdf](http://www.cwrc.ac.uk/documents/Final_FIPs_report(acceptedApril2012).pdf)