

Lancashire County Council

Health Scrutiny Committee

Tuesday, 1 September, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Supplementary Agenda

We are now able to enclose, for consideration at the next meeting of the Health Scrutiny Committee to be held on Tuesday, 1 September, 2015, the following information which was unavailable when the agenda was despatched

Part I (Open to Press and Public)

No. Item

- 4. Joint Working - fragmented commissioning amongst partners** (Pages 1 - 16)
Report to follow.

Jo Turton
Chief Executive

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 1 September 2015

Electoral Division affected: All

Fragmented commissioning amongst partners

(Appendix A refers)

Contact for further information:

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Executive Summary

Concern about fragmented commissioning and delivery of services exists at both a national and local level.

This report provides members with:

- An overview of commissioning responsibilities for health and social care.
- An overview of the Governance arrangements in Lancashire.
- Examples of activity intended to help determine future commissioning priorities.

Recommendation

Members are asked to note the contents of the report.

Background and Advice

Concern about fragmented commissioning and delivery of services exists at both a national and local level.

Nationally, the Independent Commission on the Future of Health and Social Care in England concluded that "people needing access to care will be forced to continue to navigate the complexities and inconsistencies of the current fragmented systems of funding and entitlement" without a fundamental rethink of how health and social care should be funded and provided.

Locally, there are well known examples of fragmented commissioning. For example, the Lancashire Health and Wellbeing Board received a report on Children and Young People's Emotional Health and Wellbeing which identified a number of key issues and areas for improvement in relation to the current partnership and commissioning arrangements. In summary these included:

- Limited strategic governance arrangements;
- Lack of a coordinated approach around promotion and prevention to capitalise on the role of universal services;
- Inequity of provision/ lack of capacity in targeted and specialist services

- Joint commissioning arrangements which are neither robust, nor sustainable due to funding pressures and procurement regulations.

Fragmented commissioning may arise simply through the absence of good governance, misaligned or competing priorities, poor or inconsistent evidence bases or the absence of skills and capacity to put things right.

There is a plethora of guidance and advice setting out best practice and approaches intended to ensure a focus of high quality commissioning to achieve good outcomes with people using evidence, local knowledge, skills and resources to best effect. Often, this means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as is possible, the need for health and social care.

Commissioning Responsibilities

As a starting point for discussion, NHS England provide a Fact Sheet (Appendix A) which sets out the services to be commissioned by clinical commissioning groups (CCGs), the NHS Commissioning Board, local authorities and Public Health England.

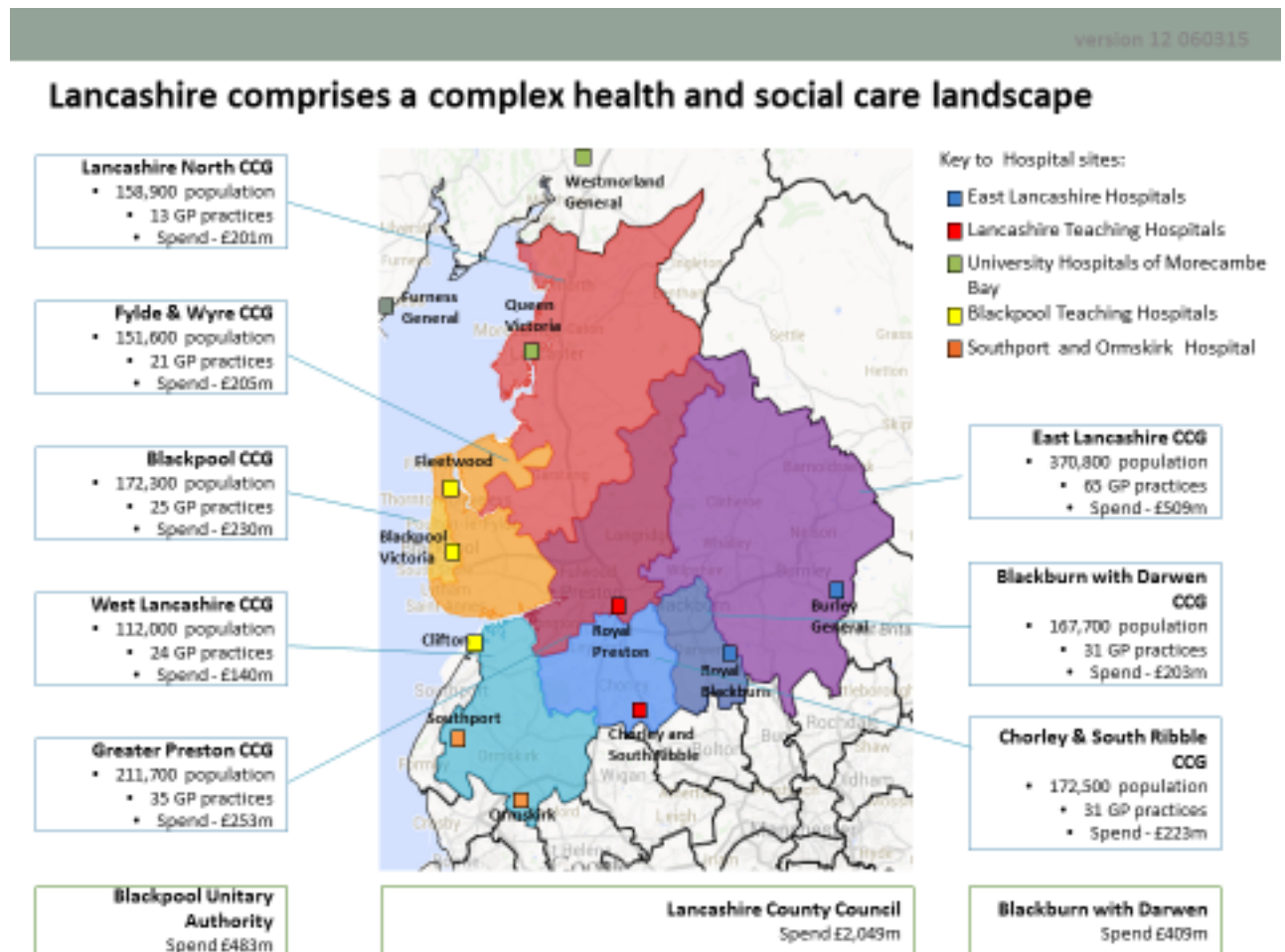
In general CCGs are responsible for commissioning services to meet the reasonable needs of patients with the exception of:

- certain services commissioned directly by the NHS Commissioning Board
- health improvement services commissioned by local authorities
- health protection and promotion services provided by Public Health England.

Although the list of services which may be commissioned is extensive, not all services are mandated. The nature of services provided should be based on local needs and strategic priorities, with the Health and Wellbeing Board taking a leadership role. In considering the best way of meeting needs, local authorities and CCGs may decide to pool budgets or have collaborative commissioning arrangements.

Within Lancashire, the commissioning landscape is further complicated with relationships with 6 CCGs, a number of whom also have to work across local authority boundaries (Figure 1).

Figure 1: Lancashire's Health and Social Care Landscape



Source: Healthier Lancashire March 2015

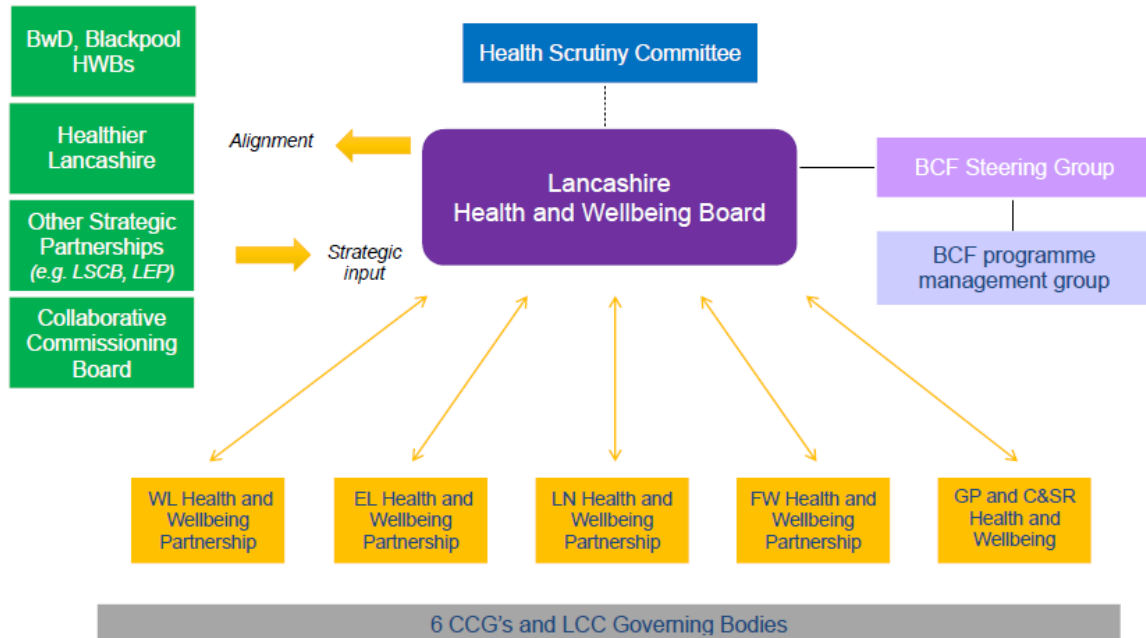
The complex health and social care landscape across Lancashire brings with it an inherent risk of fragmented commissioning arrangements. The establishment and operation of effective governance structures, providing opportunities to agree shared priorities and share information which can help us to achieve better outcomes, plays a key part in mitigating against risks of fragmented commissioning.

Governance arrangements

Governance arrangements have been established nationally and across Lancashire to help ensure a joined up approach to commissioning. Earlier in 2015 the Health and Wellbeing Board agreed refreshed terms of reference which set out some of the interfaces with other groups, organisations and governing bodies across Lancashire (Figure 2)

Figure 2: Lancashire Health and Wellbeing Structure

Lancashire Health and Wellbeing Structure



The Health and Wellbeing Board terms of reference include the function "to enable collaboration between commissioners, joint commissioning and pooled budgets, where this provides better integrated service delivery and outcomes."

The position of the Health and Wellbeing Board places it at the heart of the Health and Wellbeing governance structure in Lancashire. Other groups also have focus on commissioning. The Collaborative Commissioning Board for example, which includes representatives from CCGs and Local Authorities (including Blackpool and Blackburn with Darwen), has a clear focus on the collaborative commissioning of efficient and effective health care across Lancashire. The Collaborative Commissioning Board has established a number of thematic and task and finish groups. The activity of these groups is very much driven by the strategic priorities locally and nationally, as well as providing a forum for sharing information.

Taking the example of mental health, Figure 3 sets out the key groups, established with partners, to discuss commissioning intentions and to oversee areas of service delivery.

Figure 3: Groups focussing on Mental Health

Group	Organisations represented	Purpose
Commissioning Delivery Group (CDG)	CCGs and Local Authorities	Discussion of commissioning intentions and decisions affecting Mental Health provision across Lancashire
Transition Oversight Group (TOG)	CCGs, NHS Commissioning Support Unit, Lancashire County Council	Monitoring in-patient bed reduction and wider provider issues with Lancashire Care Foundation Trust (LCFT)
LCFT and LCC Interface Group	Lancashire Care Foundation Trust (LCFT) and Lancashire County Council	Discuss County Council funded LCFT hosted staff provision and services
Individual Patient Activity Board (IPA)	CCGs and Lancashire County Council	Oversee all areas of individually commissioned patient activity including arrangements for joint funded packages
Crisis Care Concordat	Health, Criminal Justice, Lancashire County Council	Establishing a commitment for local agencies to work together to continually improve the experience of people in mental health crisis in their locality
Children and young People's Emotional Health and Wellbeing Systems Board	CCGs, NHS Commissioning Support Unit, Local Authorities	To develop and deliver a better model for Children and Young People's Emotional Health and Wellbeing

Part of our challenge moving forward is to ensure we establish clear priorities which then help inform the network groups and joint delivery structures needed to ensure successful implementation.

Determining future priorities

There are a number of key programmes of work which are intended to improve the current commissioning arrangements across Lancashire. These include:

- A pan Lancashire review undertaken, led by Healthier Lancashire, to consolidate of existing information within the local health and social care economy into a Strategic Plan for the delivery of a new care system
- Pooled budget arrangements with CCGs known as the Better Care Fund Plan (BCF). This plan sets out the council and its partners' vision and intention to deliver integrated health and social care systems to reduce the demand on acute hospital and care home provision in favour of a sustainable integrated neighbourhood health and social care system
- Thematic reviews such as the redesign of Children and Young People's Emotional Health and Wellbeing, in response to concerns raised by the Health and Wellbeing Board and Lancashire Safeguarding Children's Board.

In contributing to these partnership agendas it is important that the County Council has a clear view of our priorities and the contribution that we expect to make. The base budget review being undertaken by the County Council and consideration of needs analysis and priorities within the draft Corporate Strategy will help us to be clear with partners and citizens of Lancashire about the contribution and funding that we are able to commit.

Through the work now being undertaken as part of the Base Budget review we are applying a statutory test to each County Council service to assess whether or not the council must provide the service and the threshold at which the service must be provided. The outputs from will provide an indication of the total expenditure required to provide a minimum level of statutory service. Hopefully, this will leave a balance of resources that can be allocated to other service areas. The output from this work will provide the detailed costs of the non-statutory services and the information base upon which future decisions can be considered. It would be the intention to present this to a number of meetings of the Budget Scrutiny Working Group throughout October 2015.

Given the magnitude of the decisions that the Full Council will need to take in setting the budget in February 2016, it is considered that an early and wide understanding of the information will be essential for all 84 Members of the county council. A series of detailed briefings for Members will also be scheduled throughout October 2015.

Clearly the final outcome of Full Council's considerations, would be a schedule of services that can no longer be afforded within the financial resources of the council.

Using mental health as an example, a significant proportion of our adult focussed residential provision is based on meeting a statutory assessed need and consequently there is likely to be little flexibility to stop services without an alternative approach. There is likely to be greater flexibility in areas such as daytime support, which are primarily non statutory. Ceasing these services could, for some, lead to a deterioration in their mental health and well-being. In turn this could lead to an increased need for formal support.

Moving forward, our greatest challenge to ensure that we make an effective contribution to the wider Health and Social Care commissioning landscape will be to be clear about our own priorities, future funding and the contribution that we can afford to make, working with partners where our priorities are aligned.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management issues

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Directorate/Tel
insert details	insert date	insert details
Reason for inclusion in Part II, if appropriate		
N/A		



Commissioning Board
A special health authority

Commissioning fact sheet
for clinical commissioning groups

July 2012

This fact sheet sets out the services to be commissioned by clinical commissioning groups (CCGs) from April 2013. It also sets out the complementary services to be commissioned by the NHS Commissioning Board (NHS CB), local authorities and Public Health England (PHE). A number of previous documents have described commissioning responsibilities, but this fact sheet is intended to be a helpful summary, with further clarity on certain aspects. It is not a substitute for legislation or guidance or your own legal advice.

In general, you as CCGs will be responsible for commissioning health services to meet all the reasonable requirements of your patients, with the exception of:

- certain services commissioned directly by the NHS CB;
- health improvement services commissioned by local authorities; and
- health protection and promotion services provided by PHE.

You will play a key role in promoting integrated care and, as a member of your local health and wellbeing board(s), in assessing local needs and strategic priorities. This will mean working collaboratively with local authorities and the NHSCB. You may decide to pool budgets or have collaborative commissioning arrangements.

Your commissioning responsibilities (for the areas set out in part 1) will include:

- planning services, based on assessing the needs of your local population;
- securing services that meet those needs; and
- monitoring the quality of care provided.

In most cases, you will also be responsible for meeting the cost of the services provided. There will be some services that you commission for your geographic area (e.g. A&E services) where the costs for an individual patient may be charged to another CCG (i.e. in an area where the patient is registered or, if unregistered, where they live). There will be guidance on this in due course, which it is expected will follow the current 'responsible commissioner' arrangements.

Local authorities will take the lead for improving health and coordinating local efforts to protect the public's health and wellbeing. They will also provide advice and expertise on how to ensure that the health services you commission best improve population health and reduce health inequalities. For health improvement activities transferring to local authorities, such as smoking cessation, sexual health and drug/alcohol services, you may wish to agree joint commissioning arrangements. You should also consider how best to work with local authorities to ensure that health improvement activities are an integral part of the healthcare services that you commission.¹

¹ More detail on local authorities' commissioning responsibilities can be found at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131901.pdf

A new executive agency, PHE, will take the lead for public health at a national level. It will deliver a number of national health services and support the development of the public health workforce. The NHS CB will also commission some public health services nationally as agreed with the Secretary of State.

This fact sheet includes information that is subject to secondary legislation. For example, the list of specialised and highly specialised services that the Board will be required to commission has not been finalised; the final list will be included in regulations, which are expected to be laid before Parliament in the Autumn.

1. Services to be commissioned by CCGs

Unless otherwise indicated (such as for urgent and emergency care), your commissioning responsibility will be for your local population. Your local population includes registered patients (some of whom may live in a different area) and unregistered patients usually resident in your area. It does not include members of the armed forces, nor their families if they are registered with Defence Medical Services (DMS) rather than a NHS GP practice, Nor does it include those detained in prison and other custodial settings.

Local authorities will provide public health advice to CCGs on the commissioning of these services.

CCG commissioning	Related NHS CB commissioning
<p>Urgent and emergency care (including 111, A&E and ambulance services) for anyone present in your geographic area</p> <p>Out-of-hours primary medical services (for everyone present in your area), except where this responsibility has been retained by practices under the GP contract</p>	<p>Urgent care provided under GP contracts</p> <p>Urgent dental care</p>
<p>Elective hospital care</p>	
<p>Community health services (such as rehabilitation services, speech and language therapy, continence services, wheelchair services, and home oxygen services, but not public health services such as health visiting and family nursing)</p>	<p>Specialised and highly specialised services</p> <p>Hospital and community dental services</p> <p>Public health services for children from pregnancy to aged 5 (Healthy Child Programme 0-5) including health visiting and family nursing partnership (commissioned on behalf of Secretary of State)</p>
<p>Other community-based services, including (where appropriate) services provided by GP practices that go beyond the scope of the GP contract</p>	<p>Antenatal and newborn screening aspects of maternity services</p>
<p>Rehabilitation services</p>	<p>Health services (excluding emergency care) and public health services for people in prisons and other custodial settings</p>
<p>Maternity and newborn services (excluding neonatal intensive care)</p>	<p>Health services (excluding emergency care services) for members of the armed forces and their families (those registered with DMS)</p>
<p>Children's healthcare services (mental and physical health)</p>	
<p>Services for people with learning disabilities</p>	
<p>Mental health services (including psychological therapies)</p>	<p>Mental health interventions provided under GP contract</p> <p>Some specialised mental health services</p> <p>Secure psychiatric services</p>
<p>NHS continuing healthcare</p>	<p>Operation of Independent Review Panels</p>

CCG commissioning	Related NHS CB commissioning
Infertility services	Infertility services for the armed forces and some infertility services for veterans in receipt of compensation under the Armed Forces Compensation Scheme on grounds of infertility

2. Services to be commissioned by the NHS CB

NHS CB commissioning	Related CCG commissioning
Essential and additional primary medical services through GP contract and nationally commissioned enhanced services Out-of-hours primary medical services (where practices have retained the responsibility for providing OOH services)	Out-of-hours primary medical services (where practices have opted out of providing OOH services under the GP contract) Community-based services that go beyond scope of GP contract (akin to current Local Enhanced Services) ²
Pharmaceutical services provided by community pharmacy services, dispensing doctors and appliance contractors	Meeting the costs of prescriptions written by member practices (but not the associated dispensing costs)
Primary ophthalmic services, NHS sight tests and optical vouchers	Any other community-based eye care services and secondary ophthalmic services
All dental services, including primary, community and hospital services and including urgent and emergency dental care	
Health services (excluding emergency care) and public health services for people in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children's homes, secure training centres, immigration removal centres, police custody suites)	Emergency care, including 111, A&E and ambulance services, for prisoners and detainees present in your geographic area Health services for adults and young offenders serving community sentences and those on probation Health services for initial accommodation for asylum seekers
Health services for members of the armed forces and their families (those registered with DMS) Prosthetics services for veterans (Primary care for members of the armed forces will be commissioned by the Ministry of Defence)	Health services for veterans or reservists (when not mobilised), for whom normal commissioning responsibilities apply Emergency care, including A&E and ambulance services, for serving armed forces & families registered with DMS practices present in your geographic area
Specialised and highly specialised services	Related services along patient pathways

² Resources attached to current Local Enhanced Services (LES) (except for public health LES) are proposed to be included in CCG funding.

3. Public health services to be commissioned by the NHS CB

Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting, family nurse partnership, responsibility for Child Health Information Systems (Responsibility for children's public health 0-5 due to transfer to local authorities in 2015)
Immunisation programmes
National screening programmes
Public health care for people in prison and other places of detention
Sexual assault referral services

Further detail on the arrangements for commissioning these services will be confirmed in Autumn 2012.

4. Public health services to be provided or commissioned by local authorities

In addition to the functions set out below, local authorities will be responsible for providing population health advice, information and expertise to CCGs to support them in commissioning health services that improve population health and reduce inequalities.

Local authorities will also need to ensure plans are in place to protect the health of their population and will have a supporting role in infectious disease surveillance and control and in emergency preparedness and response.

	Local authority commissioning	Related CCG commissioning	Related NHS CB commissioning
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership Immunisation programmes
Sexual health	Contraception over and above GP contract Testing and treatment of sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	Promotion of opportunistic testing and treatment Termination of pregnancy services (with consultation on longer-term arrangements) Sterilisation and vasectomy services	Contraceptive services commissioned through GP contract Sexual assault referral centres HIV treatment
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Obesity programmes	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Drug misuse	Drug misuse services, prevention and treatment	Advice as part of other healthcare contacts	Brief interventions in primary care

	Local authority commissioning	Related CCG commissioning	Related NHS CB commissioning
Alcohol misuse	Alcohol misuse services, prevention and treatment	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care
Tobacco control	Local activity, including stop smoking services, prevention activity, enforcement and communications	Brief interventions in secondary care and maternity care	Brief interventions in primary care
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
NHS Health Check Programme	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counselling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Dental public health	Epidemiology, dental screening and oral health improvement, including water fluoridation (subject to consultation)		Oral health as part of dental contracts
Accidental injury prevention	Local initiatives such as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess deaths		Flu and pneumococcal vaccination programmes

Some of the above services will be mandated for local authorities and the commissioning of other services will be discretionary. More information is available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131901.pdf

5. Public health services to be provided or commissioned by PHE – and related NHS CB/CCG commissioning

	PHE	Related CCG commissioning	Related NHSCB commissioning
Prevention and early presentation	Health improvement support for local authorities and NHS CB Social marketing and behaviour change campaigns including campaigns to prompt early diagnosis via awareness of symptoms	Promoting early diagnosis as part of community health services and outpatient services	Promoting early diagnosis as part of primary care
Infectious disease	Current functions of the Health Protection Agency (HPA) in this area Public oversight of prevention and control, including co-ordination of outbreak management (with supporting role for local authorities)	Treatment of infectious disease Co-operation with PHE and local authorities on outbreak control and related activity	Co-operation with PHE and local authorities on outbreak control and related activity Some specialist infectious disease services
Emergency preparedness and response	Current functions of HPA Emergency preparedness including pandemic influenza preparedness (supported by local authorities)	Emergency planning and resilience remains part of the core business for the NHS	Mobilising the NHS in the event of an emergency
Health intelligence and information	Intelligence and information on health improvement and health protection (with local authorities), including many existing functions of Public Health Observatories, Cancer Registries, National Cancer Intelligence Network, HPA and National Treatment Agency for Substance Misuse's National Drug Treatment Monitoring System	NHS data collection and information reporting systems (for example, Secondary Uses Service)	NHS data collection and information reporting systems