



**West Lancashire
Clinical Commissioning Group**

Our Ref:

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12 December 2014

Dear Councillor Mein
Leader
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Dear Councillor Mein

Consultation on the County Council's Budget 2015/2016 to 2017/2018

NHS West Lancashire Clinical Commissioning Group (CCG) welcomes the opportunity to respond to the County Council's (LCC) budget consultation. It was helpful to have time with Steve Gross recently to understand the service offers for adult social care and public health in more detail. It would be valuable to have the opportunity of an equivalent session covering the important area of children of young people and would welcome discussion about arranging this.

Firstly we feel it important to acknowledge the scale of the challenge the County Council is facing and appreciate that difficult decisions will need to be made. We strongly believe that we all have a responsibility to ensure that decisions made in one part of the system do not adversely impact on another and that we ensure we work to a principle of the Lancashire health and care system working as one. We feel that some of the service offers do not demonstrate this. We highlight these in our response and call for greater and closer collaboration on these areas to mitigate against adverse impact.

Commissioned Adult Social Care LD Service Offer

This is an example of a service offer we feel risks having adverse impact on the system, particularly for continuing healthcare. We would ask for joint planning now on how to mitigate against this and a commitment to work collaboratively on the proposed reviews.

Supporting People Additional Service Offer

We are concerned about the scale of savings to be made in this area and particularly with regard to the short term supported accommodation services and the decommissioning of family intervention projects. We appreciate the alignment with the establishment of the integrated wellness service and the development of an asset approach but despite this still have significant concerns about the gap this decommissioning risks creating for some of the most vulnerable families within our local area.

Adult Social Care (Staff) Service Offer

We are uncomfortable with the assumption in this service offer in terms of what will be different is "delegation to and reliance upon other services/organisations to complete social care tasks". This

requires further explanation and discussion with organisations concerned. We feel the focus on prevention and early intervention could be stronger within this service offer, with greater emphasis on the role these staffing groups have within neighbourhood teams to facilitate rapid, appropriately supported hospital discharge.

We feel that identifying the people previously funded by LCC which will move to Continuing Health Care, particularly a problem around Learning Disabilities and Mental Health, will be an issue as there is no current idea of levels and size of potential risk - it is not currently quantifiable and there will be variability across the county. It would be useful if LCC would inform CCGs over the touch points with the NHS after the re assessments to assist CCGs in gauging the impact.

We believe that the suggested reduction of capacity in this area will present risks to the NHS in areas such as on areas such as hospital discharge and would request assurance from LCC that it will work with NHS colleagues to ensure that these risks are mitigated as far as possible.

As with all transformational change we would ask to be involved in the evaluation phase of these service offers.

We would also ask that NHS colleagues are involved in the planning and delivery of any public awareness raising in relation to the changes in service offers as the impact of LCC budget reductions may potentially have impact on GP provision in terms of presentation with anxiety and depression for example, and it would be beneficial for communications to be handled carefully, proactively and in collaboration with health.

Public Health and Wellbeing Service Offer

We remain concerned about the cost savings to be made in this area, particularly given the national commitment to ring fencing this resource. We propose immediate discussion with colleagues across Lancashire on bringing this resource under the Better Care Fund.

We note the further detail provided in the equality impact assessments on the additional service offers for the re-commissioning of public health services and appreciate that savings could be achieved by reducing the number of providers. We are concerned however that one provider for key services for the whole of Lancashire may result in a loss of localism and we would look for assurances from you that this will not be the case. We would also look to learn lessons from the commissioning of the Integrated Wellness Service to ensure improved collaboration of CCGs in the development of service specifications for these key public health services from the outset.

We also feel that consideration should be given to putting efficiencies realised from the decommissioning back into some key services with the specific example of smoking services and sexual health services. This reflects the fact that these services were arguably historically underfunded and are, particularly in the example of smoking, vitally important for addressing health inequalities being the single most preventative cause of death.

Targeted early help runs across the whole life course and links very closely with New Models of Care and neighbourhoods being developed within the CCGs strategic vision. It needs to be embedded within these and not sit separately as a public health procured service. CCGs need to be engaged in specification development for redesigned provision to ensure integration into neighbourhoods. Linked to this we feel that there are public health lifestyle service commissioning integration opportunities in conjunction with health.

We recognise that analysis on the requirements/activity for public health commission services has been considered however we cannot see mention of how the increasing population may impact demand for these service.

We note the work we are contributing to in revising the memorandum of understanding between LCC public health function and the CCGs. We are concerned that the service offer for public health and wellbeing references delivering public health support to the CCGs in the “patient safety and quality improvement” domain only and if this provides the necessary capacity for fulfilling this function that is mandated.

In relation to public health intelligence we value the expertise brought by public health intelligence and cannot see this function clearly within the LCC management structure. We appreciate that consultants in public health as an example also bring these skills but there needs to be appropriate capacity for this important function.

We would be keen to understand the evidence for the assumption that savings can be realised through children’s services once the County Council takes on responsibility for commissioning Health Visiting Services.

Management Structure

We have some very productive working relationships with colleagues at the County Council both at an individual level and partnership level. We are keen to ensure a high level of business continuity as the County Council goes through this period of efficiency and welcome the offer from Steve Gross to have discussions in the spring to aid us in understanding how we as an organisation will effectively and efficiently interface with the new management structure of LCC whilst sustaining the momentum we have for our large scale transformation programmes such as Facing the Future Together.

We would also welcome discussion on ways, as the Better Care Fund becomes embedded, of aligning our commissioning capacity together.

I hope these views have been helpful and will be duly considered as part of the ongoing consultation period. I once again reiterate the commitment we have in West Lancashire to collaborative working for system wide transformation with improved outcomes achieved despite the challenging times our organisations face.

Yours sincerely



Mike Maguire
Chief Officer

Lancashire County Council budget consultation 2015/16-2017/18

Responses from Fylde and Wyre Clinical Commissioning Group



***Fylde and Wyre
Clinical Commissioning Group***

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15 December 2014

County Councillor Jennifer Mein
Leader of the County Council
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Dear Jennifer

Consultation on the County Council's Budget 2015/16 to 2017/18

Thank you for your letter of 10 November 2014 regarding the above.

The CCG acknowledges the continuing significant financial challenges faced by Lancashire County Council and that the service offer to the people of Lancashire must reflect the available resource.

We have reviewed the service offer, specifically focusing on the Social Care Services and Public Health and Wellbeing service offers. This review was aided by a 'walk through' of the offers provided by Steve Gross and Sakthi Karunanithi to whom we are grateful. We would also welcome a similar 'walk through' for the Children and Young People service offers, particularly the proposed reduced CAMHS service offer, considering that the existing service provision has been identified as a shared concern.

Whilst we recognise the challenge in providing a clear and concise summary of the offers, we found it extremely difficult to identify what reduced or additional service the people of Lancashire would receive. Consequently we are concerned whether people and organisations are in possession of sufficient information to fully understand and respond to the service offers.

Informed by the 'walk through', we and other CCGs who participated were particularly concerned about the impact of the following reduced service offers on the provision of health and care for the people of Lancashire:-

- Adult Social Care (Staff)

- Commissioned Social Care Learning Disabilities (Adults)
- Public Health and Wellbeing

2)


15 December 2014

Specifically, it appears likely that the reduced offers will further exacerbate the pressures being experienced by local urgent care systems and additionally result in an increased cost to the NHS, neither of which we understand has been quantified. Furthermore, continued investment in social care, prevention and public health is fundamental to enable us to collectively respond to the population challenges we face and make essential changes to the way services are provided.

We would welcome the opportunity for a more detailed discussion (involving all Lancashire CCGs) and understanding of the above reduced service offers to inform our response to the final budget consultation which we understand will take place in January 2015. We would also propose that the service offers are explained to and discussed by the Lancashire Health and Wellbeing Board in the context of the delivery of the Strategy and Better Care Fund Plan.

Thank you for the opportunity to respond.

Yours sincerely



Peter Tinson
Chief Operating Officer

15 December 2014

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Dear Councillor Mein

Consultation on the County Council's Budget 2015/2016 to 2017/2018

We welcome the opportunity to respond to the County Council's budget consultation. It was helpful to have time with Steve Gross last Friday to discuss some of the service offers for adult social care and public health. We would welcome, before Christmas, the offer of an equivalent session for the service offers covering children and young people. As there are significant cost savings and service reconfiguration to be made could you also please let us have a copy of your health impact assessment for the proposed changes?

This letter should be viewed as an initial, high level, response from Lancashire North Clinical Commissioning Group. With the other five CCGs in Lancashire we will, be requesting further information to inform a more detailed collective response which we intend to submit in January.

Regarding the proposed Adult Social Care and Public Health offers, we have grave concerns about the health impact of some of the proposed financial savings that you are proposing. There appears to be an underlying approach of shifting costs from the County Council budget to other partner organisations without any consultation or discussion e.g. the proposal to reassess 12,500 individuals with a mental health or learning disability and transfer to continuing healthcare funding.

We believe that the proposed changes also hold significant risk to the urgent care system, in particular to increasing the number of delayed discharges and the ability to support vulnerable adults in their own homes.

Over the past few years a substantial amount of partnership working has taken place between our two organisations where we have focused on integration and joint commissioning e.g. transitional care pathway. This is continuing at present via the Better Care Together Programme and the Better Care Fund. We are concerned that these proposals may damage the prospects for integrating partnership work in our area.

Regarding the Public Health offer, we are aware of the current ongoing loss of the faculty registered specialist public health workforce and have growing concerns as to how LCC will undertake their statutory role under the Health and Social Care Act 2012 to provide accredited specialist support to the CCG.

Whilst we appreciate the hugely challenging nature of savings your organisation is required to make, the impact on other partners is likely to be substantial, not only financially but also from a partnership perspective. We would welcome discussion through both the Health and Wellbeing Board and our local Health and Wellbeing Partnership so that we can more fully understand the impact across the whole health economy. We note the work we are currently doing on revising the memorandum of understanding between the CCGs and

Appendix B

LCC's public health function to fulfil the mandated area of providing public health support to NHS commissioners and the operating model that supports delivery of it. We see this work as dovetailing with the service offer on public health and wellbeing.

I look forward to hearing from you.

Yours sincerely



Andrew Bennett
Chief Officer

Copy Dr A Gaw, Clinical Chair, LNCCG
County Councillor A Ali, Chair HWBB, LCC
Mr S Gross, Executive Director of Adult Services, LCC

East Lancashire Clinical Commissioning Group

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County Councillor Jennifer Mein
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Dear Jennifer

Consultation on the County Council's Budget 2015/2016 to 2017/2018

Thank you for the opportunity to respond to the County Council's budget consultation.

East Lancashire CCG acknowledges the significant financial challenges faced by Lancashire County Council and the impact that this has on the service offers. This letter forms an initial, high level response from East Lancashire CCG at this time.

Steve Gross and Sakthi Karunanithi met with CCG representatives on 5th December to review the offers for adult social care and public health in more detail. The meeting was helpful in understanding the potential impact on the overall health and social care system and we would welcome the offer of an equivalent session for the service offers covering children and young people and in particular the proposed reduced CAMHS service offer.

Our understanding of the Commissioned Social Care Learning Disabilities (Adults) service offer is that it will result in a reduction of provision of commissioned care to meet long term needs of services users. As a CCG we are concerned about the impact this service offer may have on the system, particularly in context of current pressures being experienced in urgent care and risks of increased costs to the NHS. We would welcome a more detailed understanding of the equality impact assessment conducted on this service offer and would suggest joint planning now on how to mitigate against this with a commitment to work collaboratively on the reviews proposed. It will also be helpful to know whether consultation with service users, carers and other stakeholders has taken place and the outcomes of this exercise.

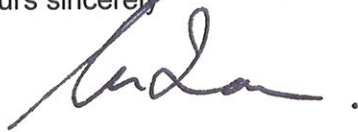
The Public Health and Wellbeing Service Offer is also of concern and we require specific detail of planned cost saving given the national commitment to ring fence this resource. It will be helpful to understand whether bringing this resource under the Better Care Fund has been considered and the rationale to any proposal. We would note the work being carried out on revising the memorandum of understanding between the CCGs and LCC's public health function to fulfil the mandated area of providing public health support to NHS commissioners and the operating model that supports delivery of it. We see this work as dovetailing with the service offer on public health and wellbeing.

East Lancashire CCG has a specific interest of any plans to reduce services previously commissioned by East Lancashire PCT as highlighted in your Service Offer Equality Analysis. Specific detail of any proposed reductions is requested.

We would welcome the opportunity for further discussion involving all Lancashire CCGs to understand the service offers in more detail and to form a collective CCG response which we understand will take place in January 2015. We are keen to see this prioritised to ensure business continuity, particularly when across Lancashire there are some large scale transformation programmes being implemented and the impact of any service change this may have of future health and social care sustainability. We would propose that the service offers are explained and detail and discussed by the Lancashire Health and Wellbeing Board in the context of the delivery of the Better Care Fund Plan.

I look forward to hearing from you.

Yours sincerely



Mike Ions
Chief Operating Officer

Cc: CCG Executive Team/SMT