

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.

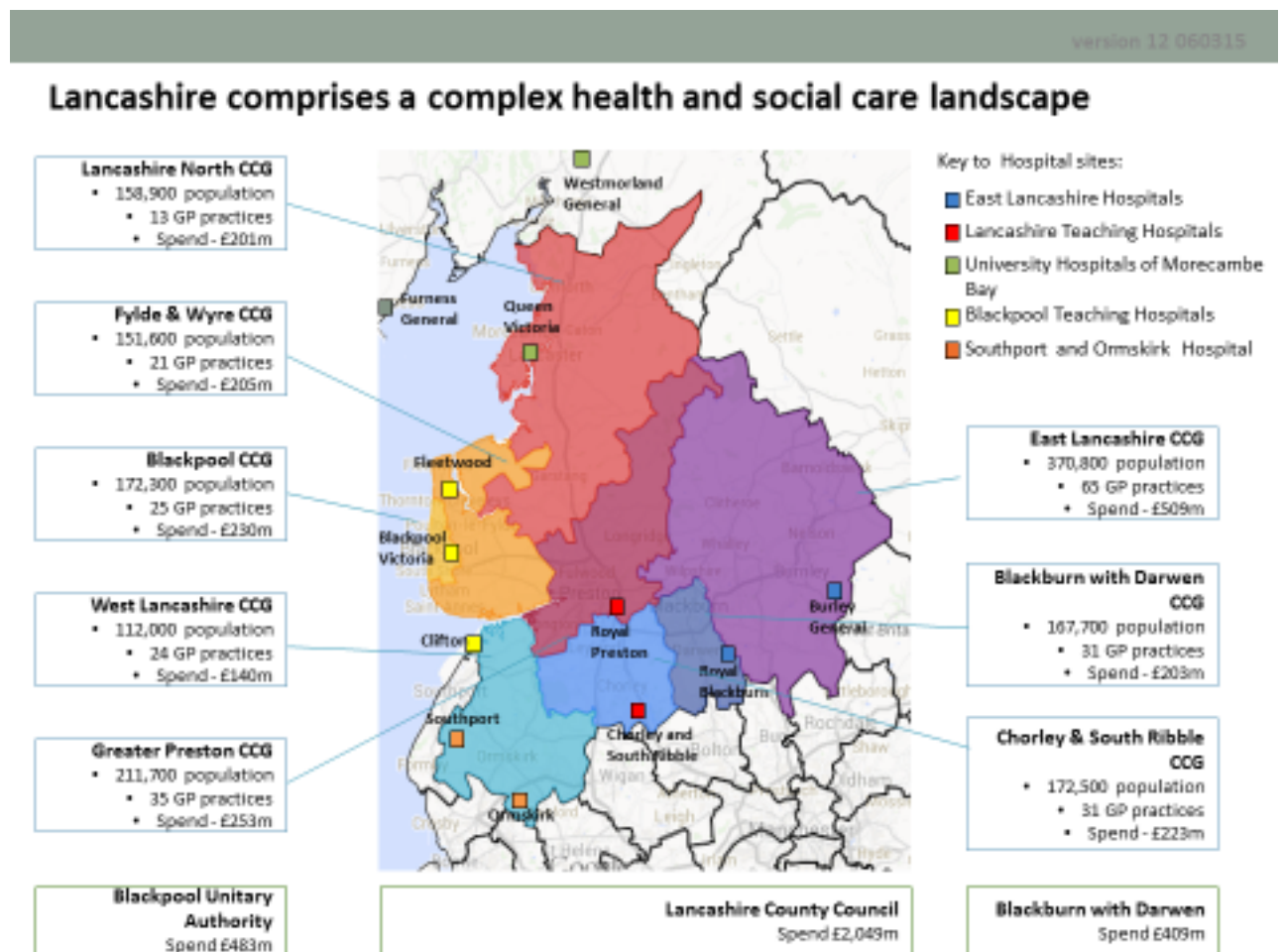
In general CCGs are responsible for commissioning services to meet the reasonable needs of patients with the exception of:

- 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

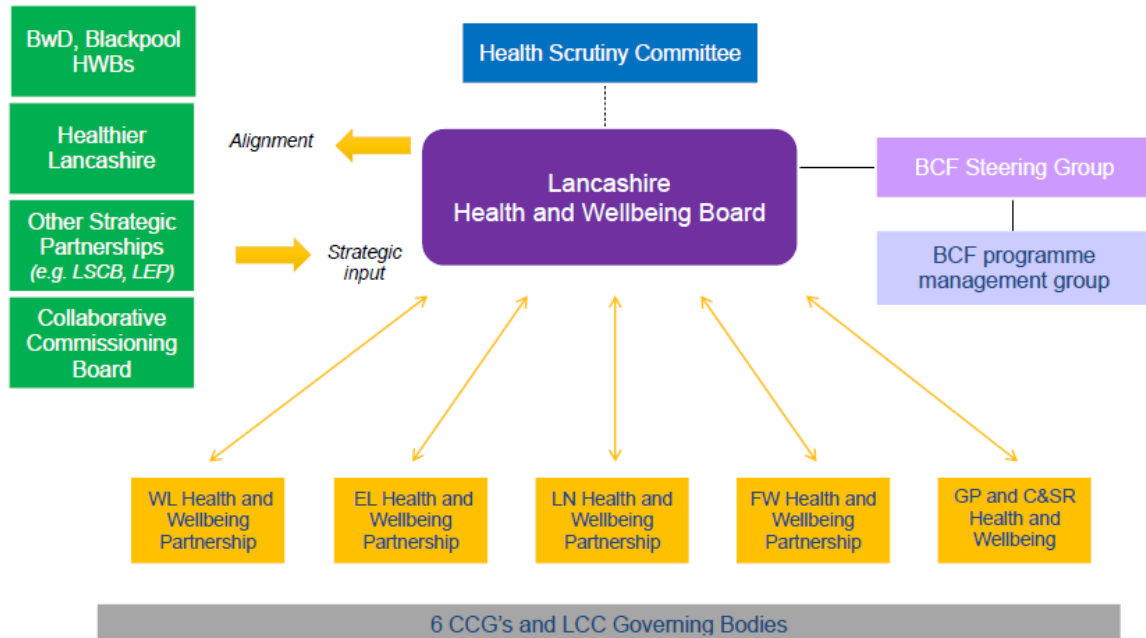
The complex health and social care landscape across Lancashire brings with it an inherent risk of fragmented commissioning arrangements. The establishment and operation of effective governance structures, providing opportunities to agree shared priorities and share information which can help us to achieve 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		