The Commissioning Framework for Health and Well-Being

Decisions:

1. **Members are asked to consider the summary of the Commissioning Framework for Health and Well-Being contained within the report and to comment on / agree the key points of response suggested.**

Actions required:

2. **Comments and additional points to be included in the response to the Commissioning Framework for Health and Well-Being.**

Action By: LGA Secretariat

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The Commissioning Framework for Health and Well-Being

Summary:

1. The Commissioning Framework for Health and Well-Being (CF) was issued for consultation by the Department of Health on 6th March 2007. The consultation runs for 12 weeks. An Impact Assessment was also issued at the same time[1]. A final document will be issued in summer 2007.

2. A response to the consultation is currently being prepared. This paper identifies key issues for local government and proposes responses to these for discussion and comment from the Board.

Background:

3. Issue of the CF was signalled in and is an implementation commitment of the White Paper "Our Health Our Care Our Say" (OHOCOS). It is aimed primarily at commissioners and providers of services in health, local government (underlined by its introduction by both the Secretaries of State for Health and Communities & Local Government) and the independent sectors.

4. The CF is one of a series of health reform documents and follows earlier guidance on commissioning in "Health Reform in England: Update and Commissioning Framework" issued in July 2006. This was directed principally at PCTs and was largely concerned with services delivered in hospital settings, in particular those covered by "Payment By Results" (PBR), though it also set out the approach to issues relating to choice, provider reform, workforce, system management, and other issues picked up – in particular for an NHS audience – in the CF.

5. The CF makes key links to proposals that were raised in the Local Government White Paper (in particular relating to performance management, accountability and governance arrangements) and, in respect of services to Children and Young People, to "Every Child Matters".

6. A reference group was established by DH early in the year as a sounding board to the development of guidance and the LGA has had officer input to that group.

7. The consultation poses 26 questions, some of which are very general (e.g. regarding overall approach) and some very technical (e.g. regarding the legal position on information sharing).

[1] Both the CF and the Impact Assessment can be found at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_072622

What does the Commissioning Framework for Health and Wellbeing Say?

8. **The overall aim of the guidance is to support a shift in the focus of commissioning from "treating sickness" to preventing ill-health and promoting well-being. It sets out what services based on this principle might look like in the future and, to achieve this, a framework with proposals about and for effective commissioning of health, care and well-being from 2008/09.**

9. **As a means by which the White Paper "Our Health Our Care Our Say" (OHOCOS) is to be implemented, the CF focuses on key themes relating to early intervention and prevention and the importance of "joined up" approaches which enable and support people to stay healthy and independent, deliver greater choice and control over the support and service people receive and promote a shift from "institutional" settings to community based service. The CF is therefore intended to support a strategic shift to the "outcomes" based approaches envisaged in OHOCOS and a move away from target and process driven approaches that typify much current provision. The focus, therefore, is of a shift towards services that are:-**
    a. **Personal, sensitive to individual need and maintain independence, control and dignity;**
    b. **Increasingly focussed on promoting good health, wellbeing and prevention – not least to address spiralling costs of ill health and poor health maintenance;**
    c. **Work across health and local government to address exclusion and health inequalities.**

10. **To achieve this shift, partnership – in particular between local government and PCTs – is essential in order to ensure effective "joined up" approaches to identifying and meeting needs and community engagement is essential to ensure that local priorities are identified, that the needs of minority communities are identified and met and that heath inequalities are addressed.**

11. **In practical terms, the CF identifies eight components of more effective commissioning, as follows:-**
    a. **People at the centre of commissioning;**
    b. **Understanding the needs of populations and individuals, in particular through the Joint Strategic Needs Assessment (JSNA) which will be a statutory requirement (and is currently to be included in the Local Government and Public Involvement in Health Bill);**
    c. **Effective use of information and better arrangements for sharing information, with specifics relating to legal and IT requirements identified;**
    d. **Assuring high quality providers for all services with commissioners stimulating new service entry into "new" markets, working with providers to focus on and deliver support and care better tailored to outcomes for people;**
    e. **Recognition of the interdependence between work, health and wellbeing;**

f. **Developing Incentives for Health and Wellbeing through more extensive use of pooled budgets, "flexible use of NHS resources" to commission social care and PCT incentive schemes for practice based commissioners;**
g. **Improved local accountability to the centre, through the development of a single outcomes based framework for health and social care (as identified in the Local Government White Paper "Strong and Prosperous Communities") to be developed jointly by DH and CLG, and to local communities through, for example, accountability frameworks of LSPs, overview and scrutiny committees, publication of JSNAs, practice based commissioners business plans and PCT prospectuses;**
h. **Improved capability and leadership supported by DH and other government departments.**

Key Issues and suggested responses

12. **A number of issues raised in feedback on early drafts of the framework have been addressed and this is welcomed, as is the overall vision and approach suggested within the framework document. Proposals in relation to the Joint Strategic Needs Assessment (JSNA) in particular are helpful and welcome. There are, however, a number of issues and concerns that remain and which, it is suggested, form the basis of a response to the consultation as set out in the following paragraphs.**

13. **"Ownership" of the framework, in particular in the NHS community will be critical. Although in parts the CF reads very much as an NHS document, the means by which it is owned and delivered – in particular in organisations that are experiencing organisational turbulence and / or financial challenge – are not clear. Ownership by GPs / Practice Based Commissioners, and by PCTs in particular, will be key to delivering some of the acute to community shifts envisaged, and for delivering health services better oriented towards prevention and wellbeing. Although proposals set out in relation to the statutory basis of the JSNA and accountability frameworks built around the LAA will assist local ownership and delivery, there needs to be greater clarity about the respective governance and accountability arrangements locally and -in particular with regard to the NHS - to the centre. The Impact Assessment sets out that "enforcement" for NHS commissioners will be through the existing mechanisms of performance management by the Strategic Health Authorities. The "central / local" balance therefore needs further clarification.**

14. **Practice Based Commissioning (PBC) is an important ingredient in the delivery of acute to community "shifts", however greater clarity is still needed about the alignment and integration of Practice Based Commissioning (PBC) and local government / social care commissioning. This has two aspects. The first relates to capacity, interest and willingness of GPs (as a whole) to extend what they currently do to include what they understand as "social care". The second relates, where the proposed flexibilities for NHS spend on social care is used, to the interaction between "free" services provided by the NHS, as opposed to tightening eligibility criteria for community care services which are charged for by local government. The need for debate about future funding arrangements for care services is again highlighted and is not resolved by shifting focus to services that may by provided by GPs. A significant concern, given financial pressures across health and local government communities, is that doubts about how to progress this and the potential risks entailed will be counter productive.**

15. **Resources: More broadly, it is clear that achievement of the objectives set out in the framework – and so the objectives of "Our Health Our Care Our Say" (OHOCOS) - are intended to be cost neutral. Although it may be that the overall shift, over time, to services based on prevention and support at home will achieve savings in higher cost acute services, it is clear that the urgency with which this must be achieved will, in the short term at least, be resource intensive. Specific issues relate both to ensuring better person centred and self directed care, and also to commissioning capacity, workforce and skills development, service redesign, decommissioning of a range of services and development of new markets. The context in which local government is approaching this agenda is one of tightening financial constraint; increased efficiency targets and the prospect of a difficult CSR settlement. When OHOCOS was launched it was envisaged that a 5% shift of resource from acute to community services would enable the changes described to be delivered, and we remain of that view, yet no move in that direction has been forthcoming.**

16. **The focus on locally determined priorities in respect of health and wellbeing and addressing health inequalities is welcome. However, it will be helpful to have greater clarity about alignment across local government and the NHS with regard to the "joint" outcomes framework, in particular to deliver to the wellbeing agenda.**

17. **The broader role of local government is referred to in relation to the importance of, for example, housing and transport to achievement of community and individual wellbeing. Increasingly it is clear that integrated commissioning and delivery of the range of local government and health services – in particular as these relate to housing, the home and maintenance of good community and family networks – are essential components of good health and "wellbeing". Discussion about the role of health to these broader determinants of health and wellbeing will be welcome in due course.**

Implications for Wales

18. **None**

Financial / Resource Implications

19. **None identified**

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