

NHS Clinical Commissioners Position Statement: Public Health Commissioning

April 2019

Background:

The public health commissioning landscape is complex and has been subject to significant change over recent years. It has now been over five years since the Health and Social Care Act transferred responsibility for most public health commissioning from primary care trusts to local authorities, with responsibility for public health services for children aged 0-5 additionally transferred in 2015. Alongside local authority public health commissioning, NHS England has responsibility for commissioning a range of public health functions such as immunisation and screening programmes.ⁱ Within this complex landscape, CCGs continue to commission related services, for example some obesity servicesⁱⁱ and some services linked to sexual and reproductive health,ⁱⁱⁱ among others.

In addition to CCGs' role in commissioning public health related services, clinical commissioners are increasingly working strategically across larger footprints, focusing on population health management to deliver improved health outcomes. CCGs are at the forefront of efforts to develop integrated working across local health and care systems, and they recognise that local authorities should be a key partner in these systems due to their responsibility for both public health and social care. Public health commissioning should – alongside health care and social care – be commissioned using place-based, person-centred principles.

Clinical commissioners are therefore keen to help shape the future of public health commissioning within their own local systems. At the national level, they have important views to add to the discussion raised in the NHS Long Term Plan about whether there should be a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses.^{iv} The insight and views of clinical commissioners must also inform the consideration of Section 7A commissioning arrangements that NHS England and NHS Improvement are consulting on as part of their legislative proposals.^v It is vital that both of these national policy activities, and the forthcoming prevention green paper, take on board the views and expertise of CCGs, as well as other system partners.

Summary:

- **Well-funded, effective public health provision is essential for the sustainability of the NHS.**
 - Effective public health services can improve both the physical and mental health of populations, help manage rising demand for health care, and make best use of public resources.^{vi}
 - CCGs recognise the importance of public health as fundamental to the sustainability of the NHS and call for cuts to the public health budgets of local authorities to be reversed. Our members have seen the impact of budget cuts, which have sometimes driven the re-tendering and de-commissioning of important services. These include smoking cessation and community-based



weight management services, which are key to tackling preventable health issues noted in the NHS Long Term Plan. Another example includes the commissioning of long-acting reversible contraception as contraceptives, which has in some cases left GPs without the option to prescribe this for their patients, even if they feel it would best meet their needs. Such issues will not only have a knock-on impact on the wellbeing of individuals, but also have the potential to create a future cost burden for the NHS.

- Public health funding is subject to both uncertainty and reductions which means it is difficult for local authorities to plan and invest. Just as CCGs have had to make difficult decisions about how to prioritise limited funding, so have local authorities. Despite these challenges, CCGs recognise the efforts that many local authorities have been making to innovate and commission effective public health services; various reports from the Local Government Association highlight good practice examples where local authorities have delivered progress under difficult circumstances.^{vii} It is positive that in recent years improvements have been seen across a number of public health outcomes, including reductions in the number of premature deaths, new cases of sexually transmitted infections and in adult smoking prevalence. However, other public health challenges have increased, including childhood obesity prevalence, and the challenges facing local authority public health teams remain significant.^{viii}

- **Effective public health commissioning focuses on prevention and the wider determinants of health.**

- It is well known that the majority of determinants of health sit outside of the NHS. All health and care commissioning has a role to play in prevention, but the remit of local authorities makes them well-placed to be able to influence these wider determinants of health – our members recognise this as a potential benefit of public health functions sitting within local authorities. The broader remit of local authorities also provides a key opportunity for CCGs and local authorities to come together to target the reduction of health inequalities.
- Concerns have been raised about broad cuts to key preventative services – action which is not aligned with the national policy focus on prevention. One example is smoking cessation, where government cuts to the public health grant have led to a £41million (30%) reduction in local spending on tobacco control and smoking cessation between 2014/15 and 2017/18.^{ix} When local authorities are not commissioning these services, local GPs are unable to refer people to the stop smoking services that they need. Such services are crucial to reduce future demand on the NHS and to ensure the realisation of the prevention agenda, and are increasingly important as smoking prevalence decreases unequally across socio-demographic groups.
- The impact of a reduced public health grant and local authority funding has also been felt beyond commissioned services – affecting local authority public health systems more broadly, for example through impact on local authority leadership and wider workforce that influence the wider determinants of health.

- **Both the NHS and local authorities have key roles to play in public health commissioning – the future direction should be one of place-based, joint commissioning.**

- CCG leaders see local authority public health teams as system partners and want public health commissioning to be more collaborative in future. There are many examples of integrated

working between CCGs and local authorities, for example through having public health representation on the governing body of a CCG.

- Joint commissioning arrangements are a key way to achieve greater collaborative working between CCGs and local authorities, although arrangements need to be flexible to meet the diverse needs of local areas. There are some areas where joint commissioning is well developed, however the overall picture is variable, with joint commissioning arrangements often focusing on specific pathways rather than being widespread or comprehensive. Effective joint commissioning goes beyond the siloes of ‘public health’ and ‘healthcare’ budgets and considers place-based commissioning holistically.
- Joint commissioning arrangements recognise the inter-related nature of local authority public health commissioned services and CCG commissioned services. For example, the extent to which local authorities suitably commission tier 1 and 2 obesity services (prevention and community-based weight management services) will impact upon CCG commissioned tier 3 and 4 services (covering services for people with severe and complex obesity and bariatric surgery for adults). A recent report by the All-Party Parliamentary Group on Obesity found variation among the services commissioned by both CCGs and local authorities, also highlighting that there are some areas where prevention and early intervention services are not being commissioned at all.^x Bringing CCGs and local authorities together to plan and commission for pathways has the potential to reduce fragmentation and duplication, and ensure early intervention is prioritised.
- For some public health issues it makes sense for local authorities and CCGs to work at scale. For example, sexual health services in London have been developed in partnership across boroughs and CCGs. Integrated commissioning is a highly effective way of achieving better public health outcomes but can face difficulties as local authorities and the NHS have different commissioning processes and approaches. This may mean, for example, that contracts are commissioned on different timescales.
- In addition to CCGs and local authorities working together, the role of NHS England is also important, and concerns have been raised in key areas such as immunisation and screening. Just as there is scope for CCGs and local authorities to work more collaboratively, relationships with NHS England as a commissioner can be further strengthened.

Key issues:

There are a number of issues in the current public health landscape that need to be addressed. NHS Clinical Commissioners (NHSCC) would welcome the opportunity to further discuss these issues with relevant stakeholders, and our members are committed to addressing these at the local level where possible.

- **Funding**

CCGs recognise the difficult financial position of many local authorities, due to large funding cuts to the public health grants they receive. There have been year-on-year decreases to the public health grant in real terms between 2014/15 and 2019/20 – the Health Foundation report that spend per person will have fallen by almost a quarter in this time period.^{xi} Just as CCGs have had to take difficult decisions about how to make best use of limited financial resources to meet the needs of their local populations, so have local authorities. Current public health funding is far below what is

required; the Health Foundation estimates that extra funding of £3.2bn per year is needed.^{xii} The sustainability of the NHS and realisation of the prevention agenda depends on a sufficiently funded public health system, therefore public health funding must be urgently addressed in the upcoming spending review, and clarity and certainty over funding in the longer term should be provided.

- **Fragmentation**

The current complex commissioning landscape that spans local authorities, CCGs, and NHS England often leads to fragmentation. Sexual health commissioning has been subject to significant focus that has aimed to address fragmentation, yet issues remain, as highlighted in a report by the Royal College of General Practitioners^{xiii} and the Health and Social Care Committee's inquiry into sexual health.^{xiv}

- **Variation in Health and Wellbeing Board effectiveness**

While in some areas local Health and Wellbeing Boards provide a valued forum for CCGs and local authorities to come together to focus on topics such as public health, actions do not always follow through from commitments made. While the aspiration of joint working can be set through a Health and Wellbeing Board, concerted local action is required to deliver the changes required. It is therefore unsurprising that where local progress has been made it is seen to be the result of strong local relationships and a joint commitment to driving work forward outside of the board. Health and Wellbeing Boards can be a vehicle to ensure there is appropriate scale, influence and prioritisation of public health commissioning, but this requires boards to ensure they have oversight, are addressing unwarranted variation, and are effectively scrutinising these functions.

- **Variation in the extent of joint working and dialogue**

Local relationships between CCGs and local authorities vary significantly. Some of our members feel that the closeness of the relationship between health and public health has diminished since public health commissioning responsibilities were transferred to local authorities. Lesser dialogue has left some CCGs with a lack of understanding and about the quality and outcomes of public health commissioned services. As part of wider systems, and at a place-based level, it is important for local government to make their public health commissioning decisions visible: for instance, in their efforts to improve Quality, Innovation, Productivity and Prevention (QIPP). Our members would welcome greater sharing of information, including regarding outcomes and demonstratable value for money, as well as the opportunity to feed into decision-making processes. As system partners and the commissioners of related services, CCGs often have valuable insight to share. CCG contribution to decision making can ensure that decisions are made with a full understanding of the potential impact on the overall system, for example by acknowledging the potential impact of alcohol misuse services on A&E attendances. Where CCGs have taken the opportunity to feed into public health commissioning decisions, this has been positive, however it is not yet widespread.

Recommendations:

- **Commissioning responsibility for sexual health services, health visitors, and school nurses does not need to be transferred to CCGs – provided that:**
 - local authorities work closely with CCGs, including through joint commissioning arrangements;
 - public health is sufficiently funded both nationally and locally; and
 - action is taken to address fragmentation and other key issues within the public health system.

The Department of Health and Social Care's consideration of the commissioning of sexual health services, health visitors, and school nurses should focus on improving the overall quality of public health provision – building on good practice where it already exists – and supporting closer collaboration between the NHS and local authorities, rather than seeking to transfer commissioning responsibility. The Department's consideration also singles out specific elements of public health commissioning which runs the risk of increasing fragmentation further.

Shifting responsibility for commissioning these areas of public health has the potential to cause unnecessary disruption and fails to address some of the key issues facing public health, such as inadequate funding and workforce shortages. The health visiting and school nursing workforce, for example, continues to experience significant reductions, with the number of FTE staff for both decreasing.^{xv}

Furthermore, while CCGs would like to continue to increase their involvement in local public health commissioning, this can be done through joint commissioning arrangements and other forms of local collaborative working.

If the above conditions are not met then the ability of these services to be delivered successfully may be undermined, but it is still unlikely that shifting commissioning responsibility will be a panacea. Maintaining local authority responsibility for commissioning is preferred, and joint commissioning arrangements should be encouraged as this brings further transparency and visibility. Public health commissioners and providers should be involved in local planning at system, place and neighbourhood levels, and it must be recognised that public health has an important role to play to support the delivery of integrated services in line with aspirations set out in the NHS Long Term Plan.

- **Public health should be involved as a system partner at STP/ICS level.**

The move to ICSs and the commitment of national bodies to reduce barriers to integrated working could better facilitate system working – but public health must be sufficiently involved. Public health should be prioritised at system level and public health representatives involved as system partners within ICSs. Having system-wide conversations about public health provides the opportunity to reduce fragmentation and enable the efficient use of resource across a system, for example by removing duplication.
- **Close links between CCGs and local authorities need to be maintained and strengthened to deliver integrated commissioning at place/borough level.**

As CCGs are increasingly working across larger footprints, there is a need to ensure that close links

are maintained between local authorities and CCGs at place level – this must be supported by NHS England. There is also a need to strengthen the effectiveness of Health and Wellbeing Boards. As the national representative bodies, NHSCC and the Local Government Association should work in partnership to provide guidance and good practice examples of Health and Wellbeing Boards which have worked successfully on public health.

- **Primary Care Networks (PCNs) should work closely with public health at neighbourhood level.**

The development of Primary Care Networks, with an aspiration that they should cover the whole country by July 2019, holds the potential for local teams to work in much more integrated ways to best meet the needs of local populations. The inclusion and recognition of public health will be key to the success of these neighbourhood-level integrated teams. National guidance on how PCNs can effectively work with public health would be beneficial, and local PCNs must also ensure they are working to develop and maintain strong links with public health teams.

- **Relationships with NHS England regarding their role as commissioners of relevant services must also be strengthened.**

Recent legislative proposals which allow Section 7A services to be jointly commissioned by CCGs and NHS England (or for them to be delegated to groups of CCGs) would be welcome. To develop and support a place-based population health system, commissioning of Section 7A public health services at a place-based level would be beneficial. This can then reduce fragmentation and be brought into joint commissioning arrangements with local authorities.

- **Public health must be adequately and sustainably funded at both national and local levels.**

Public health funding streams must follow the commitment that has been made to prioritise prevention within the NHS. This must be addressed by the Government in the spending review and the forthcoming prevention green paper. Although it is difficult to define at what level public health is 'sufficiently funded', this could potentially be a set proportion of the total Department of Health and Social Care spending (to ensure it increases in line with the rest of health and social care budgets). Funding should be at a level higher than it is currently, recognising that inadequate investment in public health and prevention serves to increase the burden of avoidable illness.

- **National support and funding must be provided to enhance the development of strong, collaborative leadership.**

The development of joint commissioning arrangements and other forms of collaborative working are often dependent on strong local relationships. Developing and maintaining these relationships can be challenging due to the nature of elected local authority positions. Nevertheless, leaders who are skilled in collaborative working can help bring parties together. Buy-in needs to come from CCG leaders and Directors of Public Health – a senior role which our members see as crucial; Councillors can also play a key role in driving the prioritisation of public health.

About NHSCC

NHSCC is the independent membership organisation representing clinical commissioners in England. Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on specific policy issues and support them to be the best they can to commission services effectively for their local populations. Find out more on the NHSCC website: <https://www.nhsc.org/>.

For more information

If you would like any further information about this please get in touch with Emily Jones, Senior Policy Officer, at e.jones@nhsc.org.

ⁱ The Department of Health and Social Care and NHS England (2018). *NHS Public Health Functions Agreement 2018 to 2019*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf

ⁱⁱ Obesity and weight management services have 4 tiers – responsibilities for tiers 1 and 2 sit with local authorities, while CCGs are responsible for tier 3 and tier 4 for adults. NHS England retains responsibility for children’s tier 4 services (surgical treatment for those under 18).

ⁱⁱⁱ HIV, sexual and reproductive health commissioning responsibilities are split across local authorities, CCGs and NHS England. For more information see: Public Health England (2018) *Commissioning local HIV sexual and reproductive health services*. Available from: www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-service

^{iv} The NHS Long Term Plan states that “the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be”. For more information see: NHS England (2019) *The NHS Long Term Plan*. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

^v NHS England and NHS Improvement (2019). *Implementing the NHS Long Term Plan: Proposals for possible changes to legislation*. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/02/nhs-legislation-engagement-document.pdf>

^{vi} Paddison, C. (2017) *Cuts to public health: why spending less will cost the NHS more*. The Nuffield Trust. Available from: www.nuffieldtrust.org.uk/news-item/cuts-to-public-health-why-spending-less-will-cost-the-nhs-more

^{vii} For example, see: Local Government Association (2019) *Public health transformation six years on: Partnerships and prevention*. Available from: https://www.local.gov.uk/sites/default/files/documents/22.38%20Public%20health%20transformation%20six%20years%20on_web_1%20WEB.pdf

^{viii} Local Government Association (2019) *Improving the public’s health: Local government delivers*. Available from: https://www.local.gov.uk/sites/default/files/documents/1%2088_LGA_Improving%20the%20public%20health%20local%20government%20delivers_February%202019.pdf

^{ix} Cancer Research UK and ASH (2019). *Changing landscape: stop smoking services and tobacco control in England*. Available from: <http://ash.org.uk/wp-content/uploads/2019/03/2019-LA-Survey-Report.pdf>

^x All-Party Parliamentary Group on Obesity (2018) *The current landscape of obesity services*. Available from: <https://static1.squarespace.com/static/5975e650be6594496c79e2fb/t/5af9b5cb03ce64f8a7aa20e5/1526314445852/APPG+on+Obesity+-+Report+2018.pdf>

^{xi} Finch, D., Bibby, J. and Ellwell-Sutton, T. (2018) *Taking Our Health for Granted*. The Health Foundation. Available from: www.health.org.uk/publications/taking-our-health-for-granted

^{xii} The Health Foundation estimates that an extra £3.2bn of funding per year is required to implement the recommendation of the Advisory Committee on Resource Allocation, restore real-terms losses and prevent any local area experiencing a reduction. See: Finch, D., Bibby, J., and Ellwell-Sutton, T. (2018) *Taking our health for granted: Plugging the public health grant funding gap*. The Health Foundation. Available from: www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted_for%20web.pdf

^{xiii} Royal College of General Practitioners (2017) *Sexual and Reproductive Health: Time to Act*. Available from: www.rcgp.org.uk/-/media/Files/Policy/Media/8895-RCGP-Sexual-Health-online.ashx?la=en

^{xiv} Health and Social Care Committee (2019) *Oral evidence: Sexual health*, HC 1419, Tuesday 5 February 2019. Available from: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/sexual-health/oral/97293.html>

^{xv} The Royal College of Nursing (2017) *The Best Start: The Future of Children’s Health* (2017) Available from: <https://www.rcn.org.uk/professional-development/publications/pub-006200>