More people
More active
More often

The public health commissioning landscape

Ahead of the Moving More, Living More physical activity fora, this briefing provides an overview of the reforms, structures and processes of public health commissioning landscape.

Introduction

On 1 April 2013 the statutory reforms outlined in the Health and Social Care Act came into full effect, fundamentally changing the way in which the healthcare system operates and services are commissioned. The Act has a strong focus on prevention, early intervention and behavioural change to stem the growing financial and societal costs associated with the increase in lifestyle related chronic conditions. The biggest changes are to who makes the decisions and who spends the money.

The evidence for the effectiveness of physical activity in tackling some of the nation's most pressing health concerns is well established. Exercise, sport and day-to-day physical activity can be instrumental in the prevention and management of a wide range of increasingly prevalent chronic conditions, including diabetes, cancer, coronary heart disease, obesity, stroke, musculoskeletal conditions and poor mental health.

The physical activity sector has a crucial role to play in increasing levels of activity and in doing so alleviating the burden associated with lifestyle related chronic conditions. Our presence in local communities is vital to redressing this rise in chronic disease and the increasing health inequalities associated with inactivity and sedentary behaviour.

Structure

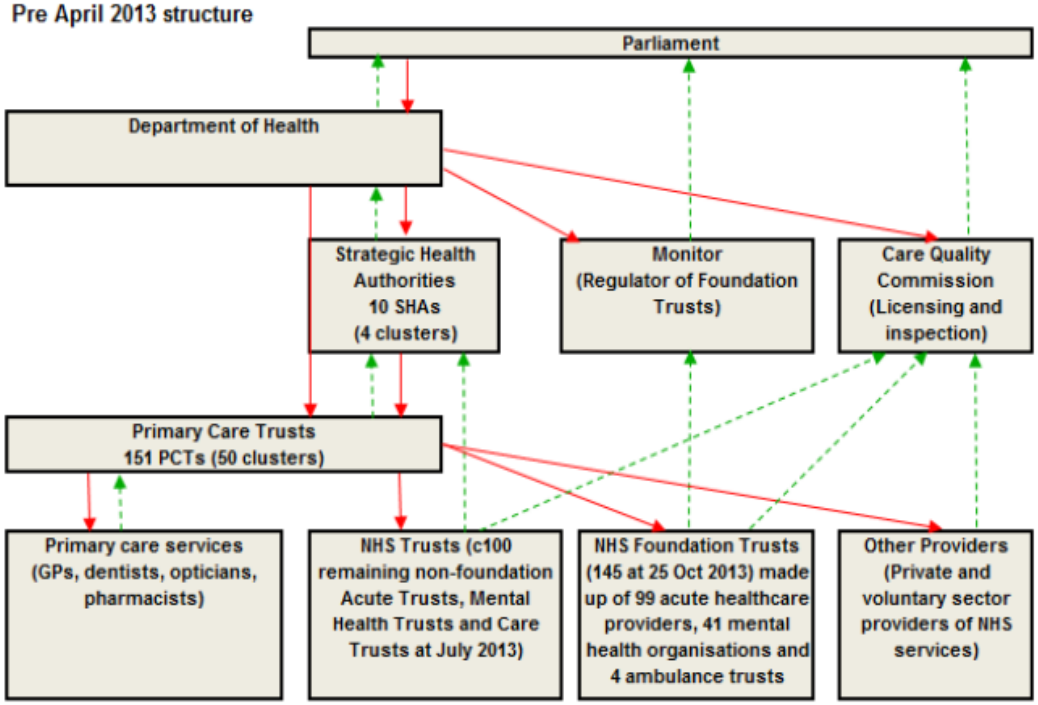
The new system focusses on empowering local communities to plan services according to their local priorities. This is led by local authorities who are now directly responsible for the health of their local populations and receive ring-fenced funding accordingly. Changes will be led by doctors, nurses and other health and care professionals, working with local authorities, local directors of public health and local service providers. The diagram below outlines these reforms.

Previous and new structure of the NHS

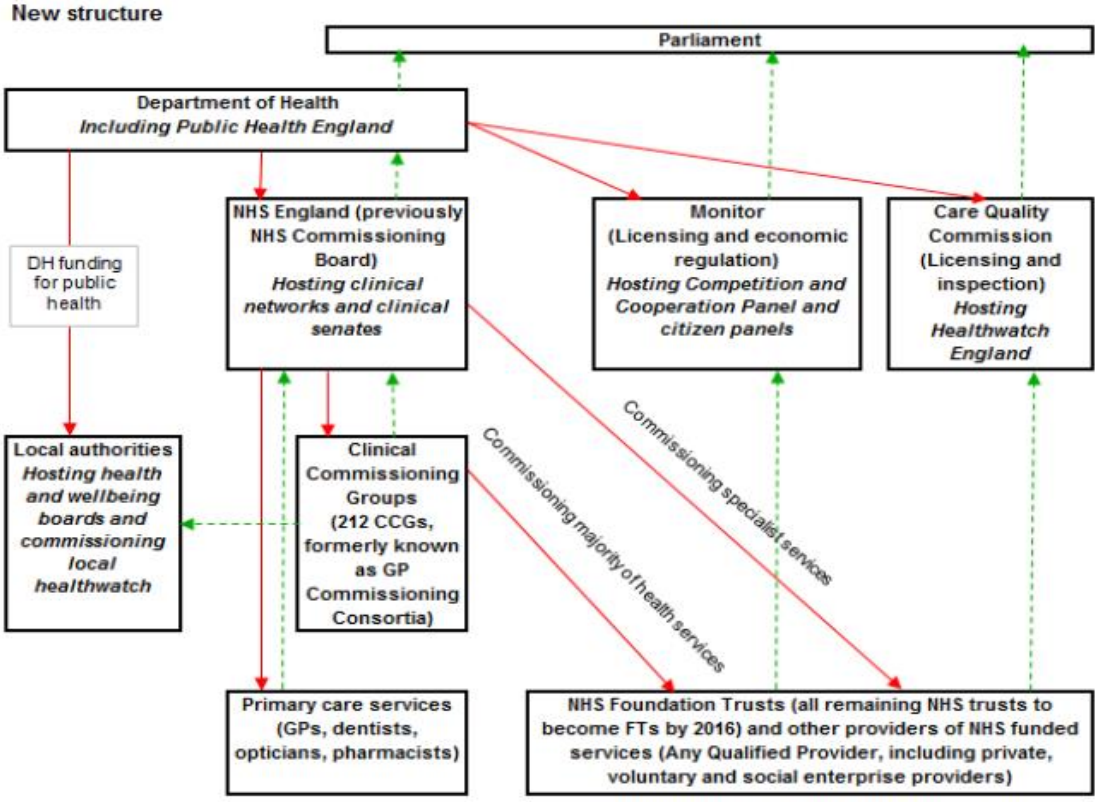
Accountability

Funding/Commissioning responsibility

Pre April 2013 structure



New structure



For further information contact Stephen Wilson
on **020 7420 8572** or email **stephenwilson@ukactive.org.uk**

ukactive, Castlewood House, 77–91 New Oxford St, London WC1A 1PX
T 020 7420 8560 F 020 7420 8561 E info@ukactive.org.uk ukactive.com

Commissioning Reform – The split between local authorities and health bodies

Local Authority public health commissioning

Upper tier and unitary local authorities in England have a responsibility to improve the health of their populations and have each received a share of a two year ring-fenced budget of £5.45bn to spend on public health services. This constitutes £2.66bn (2013-14) and £2.79bn (2014-15). Through this funding they will drive local commissioning of healthcare, social care and public health and are expected to create a more effective and responsive local health and care system.

Local authorities' public health duties are carried out by local Directors of Public Health, a full list can be found here.Under the reformed system, local authorities commission or provide public health and social care services, including those for children between five and 19 years old, some sexual health services, public mental health services, physical activity, anti-obesity provision, drug and alcohol misuse services and nutrition programmes.

This DoH guide sets out the full commissioning responsibilities of local authorities under the new arrangements. Local authorities are also now responsible for creating and running statutory Health and Wellbeing Boards (HWBs), which oversee local commissioning, and the integration of health and social care. There are now more than 130 HWBs. A geographical directory containing details and contact information for each of them is being maintained by the King's Fund.

Health and wellbeing boards (HWBs) bring together key commissioners from the local NHS and local government, including Directors of Public Health, to strategically plan local health and social care services. Clinical commissioning groups (CCGs) made up of local GP practices are responsible for commissioning the majority of local health services.

Public Health Outcomes Framework

All local authorities have received a ring-fenced budget that will be spent exclusively on public health services and are able to choose how they spend it according to the needs of their population. To make sure that progress is made on issues like childhood obesity and physical inactivity, Public Health England has set a series of outcomes to measure whether people's health actually improves.

The performance of each local authority and HWB will be measured against the Public Health Outcome Framework which comprises 66 indicators including physical activity.

Key Facts:

- The 353 councils in England will share a ring-fenced budget of around £5.45bn over two years
- There are 66 indicators on the Public Health Outcomes Framework which includes physical activity
- Other indicators include:
    - Sickness absence rate
    - Excess weight in 4-5 and 10-11 year old
    - Excess weight in adults
    - Recorded diabetes
    - Falls and fall injuries in the over 65s

For further information contact Stephen Wilson
on **020 7420 8572** or email **stephenwilson@ukactive.org.uk**

ukactive, Castlewood House, 77–91 New Oxford St, London WC1A 1PX
T 020 7420 8560 F 020 7420 8561 E info@ukactive.org.uk ukactive.com

  - Mortality from causes considered preventable (cardiovascular diseases, stroke, cancer etc.)
  - Health-related quality of life for older people
- Local authorities will be paid a new health premium for the progress they make against the public health indicators. The framework concentrates on two high-level outcomes to be achieved across the public health system. These are:
  - Increased healthy life expectancy
  - Reduced differences in life expectancy and healthy life expectancy between communities
- The outcomes reflect a focus on both how long people live and on how well they live at all stages of life. The second outcome particularly focuses attention on reducing health inequalities between people, communities and areas

NHS England and clinical commissioning groups

Clinical Commissioning Groups (CCGs) are made up of a range of healthcare professionals including GPs, nurses, hospital doctors and others medical professionals including physiotherapists and patient representatives who use their knowledge of local health needs to plan and buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers.

212 Clinical Commissioning Groups (CCGs) now have responsibility for commissioning the majority of NHS services. The Health and Social Care Act makes CCGs directly responsible for commissioning NHS services they consider appropriate to meet reasonable local needs. In assessing local needs and developing commissioning plans to meet them, CCGs must work with local authority Health and Wellbeing Boards.

Local authorities and CCGs hold the responsibility and resources to commission public health services. Local authorities are responsible for services such as tobacco control, locally-led nutrition initiatives, public mental health services and increasing levels of physical activity in the local population and will work with CCGs to provide as much integration across clinical pathways as possible.

Because of the complexity and scale of the healthcare system, it is more efficient to plan and commission healthcare at a population level, such as a town and its surroundings or a metropolitan borough. This is one the reasons why all GP practices are required to be a member of a CCG. In order to plan their commissioning decisions, local authorities and CCGs (coming together through HWBs) use JSNAs and JHWSs to agree local priorities for local health and care commissioning.

Once a CCG or other commissioning organisation has made a decision to buy a service from a provider of care, a contract must be drawn up which clearly sets out the detailed specification of what the provider must deliver. Commissioners must review the performance of providers through the contract and monitor the outcomes achieved by the service, so they can manage and check the quality of services and make an informed decision when they plan services and make decisions about which providers to choose in the future.

Although GPs and other local health professionals commission most NHS services, some services are not appropriate to be commissioned locally. NHS England (known in legislation as the NHS Commissioning Board) commissions services which are more appropriate to commission at a national level.

For further information contact Stephen Wilson
on **020 7420 8572** or email **stephenwilson@ukactive.org.uk**

ukactive, Castlewood House, 77–91 New Oxford St, London WC1A 1PX
T 020 7420 8560 F 020 7420 8561 E info@ukactive.org.uk ukactive.com

In addition to commissioning services itself, NHS England also has responsibility for ensuring the overall system of commissioning NHS funded services works well. This involves working on plans to improve commissioning for specific conditions (e.g. dementia) or patient groups (e.g. children's services). NHS England provides information and resources for CCGs, and holds them to account for how they carry out their commissioning activities and improve the health care outcomes that matter locally. NHS England also looks at how well CCGs operate within their budgets, engage with their local populations and deliver the pledges, rights and values expressed in the NHS Constitution.

Key individuals

A number of individuals within local authorities will be involved in the delivery or commissioning of physical activity services, these include:

- Directors of Public Health and Commissioners
- Health Improvement Officers
- Preventative Services Officers
- Head of Healthy Living Services

Guidance

NHS England has published a document, The functions of clinical commissioning groups, March 2013 which sets out the range of core clinical commissioning group (CCG) functions as set out in legislation.

The Department of Health has published a series of factsheets on the Health and Social Care Act 2012 explaining particular topics contained in the Act, including clinical commissioning.

More detailed guidance is provided by the CCG Learning Network including bulletins, directories and maps.

The CCG Learning Network also provides links to guidance on CCG authorisation and development, governance procurement commissioning support, working with local authorities, human resources and running cost allowances; and a selection of detailed case studies emerging from CCGs.

Leisure Commissioning

It is important to distinguish between the commissioning of activity interventions captured within leisure contracts and new formal commissioning of activity and exercise within public health contracts.

For instance, Exercise Referral Services are typically included within leisure services contracts and as a result often move when the responsibility for leisure services in any given area changes. However, "Lifestyle Services" and "Preventative Services" contracts are tendered by Public Health Teams within local authorities through competitive processes.

For further information contact Stephen Wilson
on **020 7420 8572** or email **stephenwilson@ukactive.org.uk**

ukactive, Castlewood House, 77–91 New Oxford St, London WC1A 1PX
T 020 7420 8560 F 020 7420 8561 E info@ukactive.org.uk ukactive.com