NHS Clinical Commissioners’ response to *Advancing our Health: Prevention in the 2020s*

October 2019

1. **NHS Clinical Commissioners**

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have around 90% 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.

Our response to this green paper has been informed by the views of our members, including CCG Chairs, Clinical Directors, and Lay Members, among others. Input has also been sought from members who are part of NHSCC’s specific communities of interest, such as the Mental Health Commissioners Network and our Nurses Forum.

2. **Overarching comments**

2.1 *Clinical commissioners welcome the publication of the prevention green paper and the direction of travel it sets out.*

The prevention green paper includes a number of promising initiatives to improve the health of the nation and prevent avoidable ill-health, reiterating and building on the prevention efforts in the NHS Long Term Plan. Clinical commissioners welcome the green paper’s vision for health to be viewed as an asset that should be invested in throughout a person’s life, with particular recognition of the importance of the early years. Our members also welcome the focus of the green paper on the wider determinants of ill-health, its proposed action to address risk factors of ill-health including smoking and obesity, and its ambition to achieve true parity of esteem for mental health. These are areas that clinical commissioners are already working to address locally, often alongside key partners within their local system. National action is required to both support and supplement this local work.

2.2 *The recognition that health is a shared responsibility is welcome, as action by the NHS alone cannot prevent ill-health.*

The green paper makes clear that local authorities, individuals, businesses and communities have a key role to play in the prevention agenda. This recognition is welcome, especially as it is well known that the majority of determinants of health sit outside the NHS. Individuals have a key role to play and they should be supported to manage their own wellbeing and health where possible. Clinical commissioners work hard to promote self-care to their populations as self-management can deliver a better experience for patients as well as make best use of limited NHS resource by ensuring that clinical staff are able to spend their time where it is most needed. In our recent publication ‘*Delivering for patients, populations and the NHS*,’ we highlighted the value of work being done in CCGs to encourage patients to become active participants in their own treatment, for example, those with coeliac disease or diabetes. In addition to the role of CCGs, local authorities play a vital role as commissioners of public health. Their remit makes them well placed to...
take action on a number of the wider determinants of health, and clinical commissioners are increasingly looking to work collaboratively with them when it comes to public health commissioning.

2.3 While the ambitions of the green paper are welcome, CCGs are concerned they are only achievable with additional support.

The future vision for the NHS, as set out in the NHS Long Term Plan and this prevention green paper, is ambitious, and the change required should not be underestimated. In particular, returning the NHS to financial balance alongside new focuses will be challenging and we are concerned that resources may not match some of the ambitious parts of the plan. Additional action and support is required to meet the ambitions of both the prevention green paper and the NHS Long Term plan. This includes action to ensure that public health and social care are sufficiently and sustainably funded, action to address key workforce challenges, and support for CCGs and their partners to make progress in the best use of digital technology and data.

3. Collaborative working between the NHS and local authorities

The green paper reiterates the findings of the Department and Health and Social Care’s review into commissioning arrangements for sexual and reproductive health, health visiting, and school nursing services. NHSCC was pleased to hear the review’s recommendation for commissioning responsibility to remain with local government, as we were clear that shifting commissioning responsibility had the potential to cause unnecessary disruption and would fail to address some of the fundamental issues facing public health, such as inadequate funding and workforce shortages. Instead, NHSCC’s view, as advocated in our position statement on public health commissioning, was that the future of public health commissioning should be collaborative, with local authorities working closely with CCGs, including through joint commissioning arrangements. The statement in the prevention green paper that “we want to see the NHS and local authorities working more closely with more collaborative commissioning”, with it becoming the norm in certain areas such as sexual and reproductive health, is therefore welcome. NHSCC is now working with Public Health England to produce a resource to support CCGs and local authorities that are looking to work more collaboratively – showcasing areas where good progress has been made. One example of progress is in Salford where Salford CCG and Salford City Council jointly commission public health.

While commissioning responsibility for areas of public health did not need to shift, changes in public health commissioning are urgently needed. Our members believe that public health must be sufficiently funded both nationally and locally, and action must be taken to address fragmentation and other key issues within the public health system. While it is positive that cuts to public health budgets have been reversed after years of insufficient funding, long-term security and sustainability is needed to enable future planning – we address this in section six.

In mental health, CCGs are also working with local authorities to commission collaboratively. In some cases, the commissioner works across both the CCG(s) and the local authority. For example, in Hertfordshire, the mental health commissioning unit sits in the local authority, but they work with the local CCGs to commission all mental health services in the county.

4. Specific policy areas

4.1 Mental health

It is welcome to see a focus on mental health in the prevention green paper. In particular, we are pleased to note the government’s commitment to work towards the achievement of parity of esteem between
physical and mental health for how conditions are prevented as well as treated – this is an area that has historically received insufficient focus.

Given the interlinked nature of physical and mental health, it is unsurprising that acting on many of the wider determinants of physical ill-health will also benefit people’s mental health, for example taking steps to tackle poverty and supporting the provision of good quality housing and employment opportunities. Interventions to prevent mental ill-health could also consider the provision of debt advice and support for people to develop and maintain strong relationships, as well as support to manage the breakdown of relationships should this occur.

While the green paper has a key focus on mental health, the is no particular mention of primary mental health care, which is essential for early intervention. GPs and other professionals working in primary care see patients with poor mental health every day and about 30% of people who see their GP have a mental health component to their illness. Although the majority of patients with existing mental health problems receive support in primary care, very little of the mental health budget is spent on primary care, and there is scope for this to be improved. One example of joined-up provision of primary care and mental health services is the Well Centre in London, which Lambeth CCG has supported – this is a youth health centre that enables young people to discuss any health concerns including mental health, where they can access a GP, youth workers or counsellors.

It is welcome that the green paper recognises the work of Thrive Bristol. In addition, Thrive London is a citywide movement to improve the mental wellbeing of Londoners, led by the London Health Board, in partnership with London’s CCGs and a range of other partners. Thrive London provides access to a number of free online resources to support people with poor mental health to self-manage their problems or conditions, for example through apps to support sleep. Thrive is also a good example of how areas are addressing public mental health, however as it is generally a city-wide initiative, focus on improving public mental health across the country, including in smaller towns and rural areas is also needed.

Looking ahead, there are opportunities to improve primary mental health care through recently established primary care networks, and it would be useful to explore how roles such as social prescribing link workers, clinical pharmacists, and first contact community paramedics, among others, can support the prevention of mental ill-health. The recently published ‘Community Mental Health Framework for Adults and Older Adults’, provides a model for developing new and integrated models of primary and community mental health care, which is a welcome step forward. Many of our members are involved in the twelve pilot areas that will be testing this model over the next two years and we look forward to learning from the pilots being shared.

Another area of future opportunity is where the greater use of technology can support patient care and self-management of conditions, as long as the app or service includes appropriate safeguards. A number of our members emphasise the potential for wellbeing apps to be used to support mental health. There are a number of examples where CCGs have commissioned interesting digital approaches. For example, Hampshire and Isle of Wight CCGs have commissioned Healios to provide an online mental health app for children and young people. The aim of the app is to support children and young people who are on a waiting list for Child and Adolescent Mental Health Services but it is also being used in a preventative way in schools to help inform children and young people about mental health – although given the early stages there is no outcome data or evaluation of this. Clinical commissioners would welcome the sharing of good practice examples in this area, accompanied by evaluation, to support CCGs to learn from other areas where progress has been made.
4.2 Role of community pharmacies

The green paper recognises the important role that community pharmacy can play, and CCGs welcome the ambition that is set out for community pharmacies to “become the first port of call for minor illness and health advice in England”. Given that approximately 1.6 million people in England visit a pharmacy every day, there is great potential for community pharmacists to reach people before they attend a primary or secondary care service, or who may not present at these services.

Our members highlighted a number of functions that community pharmacies could perform including asthma checks, monitoring of hypertension, and falls and dementia screening. In some areas community pharmacies are already performing some of these functions as part of medicines use reviews, for example the monitoring of hypertension, however we have heard from our members that results are not always reported anywhere. Local authority funded smoking cessation services could also be more widespread across community pharmacies as in some areas they have been decommissioned. Sexual and reproductive health was identified as another area where community pharmacists could play a key role, for example through the provision of self-test kits for sexually transmitted infections as well as routine monitoring of some patients on contraceptive treatment. We also heard from our members that community pharmacists could play a more proactive role in engaging with people to identify patients who may be struggling with their medication and support them to optimise the use of their medicines.

The green paper recognises the need for community pharmacies to become further integrated into local NHS provider networks – this is vital, especially when it comes to primary care. In addition, if community pharmacists are to play a greater role in prevention, then they should work closely with CCG commissioners as they move towards commissioning for prevention, as well as local authority commissioners, given their remit for public health commissioning.

4.3 Improving NHS Health Checks

The review of NHS Health Checks is welcome, as clinical commissioners recognise there are a number of areas that could be improved. The green paper acknowledges that the risks identified by NHS Health Checks could be followed up more consistently within the NHS – this is another area of public health where fragmentation exists. It would therefore be helpful for the review of NHS Health Checks to highlight good practices examples or key learning from where local collaborative working is leading to the provision of better joined-up services.

Our members also note a number of issues in the way that NHS Health Checks currently work. A lack of resources at GP practices can pose a barrier – given time pressures in general practice this is an area of their work that can be placed under strain and may not be given priority. There is also a need to ensure that NHS Health Checks are accessible, for example by offering them at places that are convenient for people to access, such as in workplaces or at job centres. NHSCC would welcome the opportunity to work with the review team to input the views of clinical commissioners.

4.4 Other areas

Clinical commissioners across the country have expertise gained through serving their local populations, and therefore have valuable input to a number of the very specific questions asked by the social care green paper. Our response focuses on overarching and strategic areas of the green paper. However, we would welcome the opportunity to facilitate the Department’s engagement with CCGs on any particular questions. For example, there is a need to engage directly with clinical commissioners on the subject of what the future strategy on sexual and reproductive health should include. Engagement with all commissioners – local authorities, CCGs, and NHS England, as well as the diverse range of providers in this area will be important from the outset.
5. National policy action

5.1 Reviewing health and social care policies to improve the health of people living in poorer communities or excluded groups

Members of our Mental Health Commissioners Network have raised concerns about the number of people with learning disabilities in long-term inpatient care. We have heard that a review of Transforming Care would be timely to see how effectively it is supporting people who have both a learning disability and mental health problems. Currently, there are concerns that the programme isn’t helping to reduce the number of people with learning disabilities in long-term inpatient care.

We agree that the early diagnosis of learning disabilities and autism is essential to providing appropriate help at an early stage. However, the green paper doesn’t cover the links between these conditions and mental health needs. This is important as children with a learning disability have a much higher prevalence of mental health problems compared to those without these conditions; 36% of children and young people with a learning disability have a mental disorder, compared to 11% of those without the condition. Mental ill-health in children and young people with learning disabilities is very much linked to the wider determinants of health such as poverty, and less to genetic factors. This risk to their mental health is apparent by age three, so early intervention is essential.

Many people with a learning disability also have autism and mental health problems. This group of young people can spend much of their lives in in-patient provision. This often results in poor outcomes for individuals and is costly for the health system (costs of providing a bed in an assessment and treatment unit is estimated to be about £1 million per child every 3 years). There is therefore a clear rationale to focus funding on preventative approaches that keep people in their own communities.

5.2 Government policies outside of health and social care that have a significant impact on people’s mental and physical health

National policy action to address the wider determinants of health is vital. Our members cite the need for action to tackle deprivation and wider societal inequalities that feed into health inequalities. Additional action to tackle loneliness and social isolation would also be welcome, given the research evidence that loneliness has a clear negative impact on health. Clinical commissioners have been involved in work to tackle this problem – for example, CCGs in West Yorkshire and Harrogate Health and Care Partnership delivered a ‘Looking out for our neighbours campaign’. This included the distribution of ‘helpful neighbour packs’ to enable people to take simple steps to help look out for any of their neighbours who may be in need.

6. Additional action and support required

While the direction of the green paper is strongly welcomed by our members, clinical commissioners have highlighted a number of areas where additional support is required in order for the green paper’s ambitions to be realised.

6.1 Public health must be sufficiently and sustainably funded, to ensure long-term sustainability

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. However, there have been year-on-year decreases to the public health grant in real terms since 2014/15. The recent commitment to reverse cuts to the public health budget is welcome but further investment is needed. Without sufficient and sustainable funding for public health, clinical commissioners are concerned that local government funding pressures will continue to lead to the re-tendering and decommissioning 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. For example, government cuts to the public health grant have led to a £41 million (30%) reduction in local spending on tobacco control and smoking cessation between 2014/15 and 2017/18. 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.

Public health funding has been subject to uncertainty as well as reductions in recent years – this means it is difficult for local authorities to plan and invest, and unfortunately the 1-year funding settlement recently announced doesn’t provide the longer-term stability that is required. While the green paper’s ambition to bring in “a new wave of intelligent public health, which is more proactive, predictive and personalised, while also taking tough action on our biggest challenges: smoking, obesity and mental ill-health” is welcome, we are cautious about the potential for this to be achieved, if core funding issues are not first addressed.

6.2 Action must be taken to resolve the social care crisis and address unmet need for social care

Just as public health services, or a lack of them, can impact upon the NHS, clinical commissioners also recognise the importance of social care and its impact on the delivery of healthcare. A growing body of evidence shows that a lack of quality social care provision leads to increased use of NHS services, including emergency hospital admissions.

The NHS Confederation, which NHSCC is part of, has been leading the Health for Care coalition of national health organisations, making the case for government to deliver a sustainable social care system that is backed up by a long-term funding settlement. The Health for Care coalition notes that the estimated funding gap facing adult social care provision in England in 2019/20 ranges from between £1.1 billion to £2.5 billion – with this amount required just to maintain the status quo. Figures rise significantly when steps to address unmet need or return to previous levels of access are considered. These figures also only cover adult social care, and children’s social care is a vital to the prevention agenda. To place the NHS on a sustainable footing, there therefore needs to be investment in both children and adult’s social care at sufficient levels.

6.3 Workforce challenges must be addressed, alongside reconfiguring the workforce to support new ways of working

The workforce challenges facing the NHS are well known and while we were pleased with the focus of the Interim NHS People Plan, it has been limited by its ability to only address change within one year. The anticipated five-year costed NHS people plan will therefore be welcome. Alongside it, parallel efforts need to address workforce challenges in social care and public health.

Our members have highlighted particular concerns around the nursing workforce, which the Interim NHS People Plan recognised as a priority area. There are some nursing roles that are particularly at risk and these include mental health nurses, learning disability nurses, health visitors and school nurses – roles which are essential to support ambitions of the prevention green paper.

We have also heard from our members that changes to current training curricula and ways of working are needed to support prevention efforts. For example, the way that medical staff are trained needs to reflect the focus on prevention, and there is scope to place a greater emphasis on the skills required to coach people and support them to self-manage their health conditions. In order to change the way that staff have conversations with patients, staff need sufficient capacity – something which we know is a challenge at the moment. We have also heard that clearer opportunities for nurses to transition between roles across a system, focussing on skills and competencies rather than being role-specific would be beneficial, for example to enable a primary care diabetes nurse specialist to transition to a role in a secondary care or social care setting. This is a principle that could also be helpful to other staff groups.
6.4 Additional support is required to enable the realisation of benefits from digital innovation and the use of data

The green paper sets out a key role for the use of data and technological innovation to deliver “more proactive, predictive and personalised services to people”. Clinical commissioners are optimistic about the use of such innovations where they can help them best meet the needs of their local populations.

In particular, clinical commissioners, as strategic commissioners, are increasingly working at system level to assess population health needs and plan and allocate funds to deliver best value and outcomes. A number of our members are leading work to use make best use of data to ensure that care is planned and delivered effectively, often through a focus on population health management. Such work aims to deliver improvements in patient care and outcomes (for example by streamlining the patient journey, targeting those in need of action/support, or supporting self-care) as well as making best use of limited financial resources.

However, while progress is being made in a number of areas, we are aware of some key barriers to digital progress. We have heard from many of our members that information governance can be challenging to navigate, for example when sharing data across primary and secondary care. On the ground, a lack of clarity over information governance can result in risk aversion, leading to inaction. Examples including the work done by North West London Collaboration of CCGs on their Whole Systems Integrated Care Dashboards highlight the progress that can be made and it would be helpful for the national bodies to share such learning more widely.

6. For more information

If you would like any further detail on our response, please do not hesitate to contact Emily Jones at e.jones@nhscc.org.

4 The Well Centre.
5 Thrive LDN.
7 https://www.healios.org.uk/news/36-healios-launches-thinkninja
8 Pharmaceutical Services Negotiating Committee [n.d.] ‘About community pharmacy’
12 Campaign to End Loneliness [n.d] ‘Threat to health’.