

East Lancashire Clinical Commissioning Group

Agenda Item No: 6.5

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	20 July 2015	
REPORT TITLE:	NHS Public Health Functions (Section 7A) and co-commissioning of primary medical services	
SUMMARY OF REPORT:	This report summarises the NHS Public Health Functions (Section 7A) publication and provides further information about the work currently ongoing in East Lancashire in order to satisfy the recommendations of the report.	
REPORT RECOMMENDATIONS:	Primary Care Committee are asked to receive the report for information	
FINANCIAL IMPLICATIONS:	Some additional financial risk	
REPORT CATEGORY:	Formally Receipt	Tick
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	√
AUTHOR:	Lisa Cunliffe, Primary Care Development Manager	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Lisa Cunliffe, Primary Care Development Manager	
OTHER COMMITTEES/ GROUPS CONSULTED:	None	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	N
RISKS:	Some additional financial risks identified in the publications	Y
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the report be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

**PRIMARY CARE COMMITTEE
20 July 2015**

**NHS Public Health Functions (Section 7A) and
Co-commissioning of Primary Medical Services**

1. Public Health Functions and Co-commissioning

- 1.1 The document referenced in the title was published in May 2015 and cross referenced to the co-commissioning delegation agreement. It is intended to support effective relationships between CCGs and integrated regional teams for public health commissioning
- 1.2 Currently public health commissioning teams within NHSE are responsible for implementing the Section 7A functions including commissioning specified public health services from primary care according to national specifications. It is the intention that these commissioning arrangements will continue in 2015/16
- 1.3 However co-commissioning arrangements do present some operational issues in relation to those elements of the NHS public health functions (Section 7A) services that are provided by primary care through the GMS contract.
- 1.4 Although NHS Public Health Functions (Section 7A) are reserved functions and therefore not included in the co-commissioning delegation agreement under the delegation agreement NHSE and CCGs are required to work collaboratively to exercise these reserved functions, including discussing how CCGs propose to address GP performance issues.
- 1.5 CCGs are also required to provide administrative and managerial services to NHSE in relation to certain reserved functions including section 7A functions and funds. This is because the global sum and QOF elements of the GP contract contain elements that relate to public health which cannot easily be disaggregated from the overall global sum and QOF.
- 1.6 Public Health Services commissioned through the GMS contract fall into three types of costs:
 - Public Health Global Sum = Additional services (e.g. Cervical screening services, Child Health Surveillance, Contraceptive Services, Child and Adult vaccines and immunisations)
 - Public Health QOF (e.g. Smoking, Cervical Screening, Contraception, obesity etc.)
 - Public Health Enhanced Services (e.g. immunisations not covered by global sum such as shingles, flu, pneumococcal and target payments for childhood immunisations)

- 1.7 The financial implications of this are manageable but do introduce additional risk. Discussions are ongoing between CCG and NHSE finance teams in order to ensure Section 7A funds are administered for the purposes set out in the Section 7A agreement and not for other purposes.
- 1.8 The Public Health Commissioning Team will continue to work with GP practice teams to offer support and advice on how to improve uptake of screening and immunisation programmes however any service or contractual issues will now be raised directly with CCGs. This requires organisations to work together to triangulate all available information and agree actions.
- 1.9 It is therefore essential that CCGs develop effective mechanisms to enable joint working. East Lancs are currently an active member of the NHSE Public Health Screening and Immunisation Groups and a separate meeting has been arranged with the Screening and Immunisation Co-ordination at NHSE to discuss the implications of co-commissioning. This will include taking opportunities to improve uptake of programmes
- 1.10 The publication recommends that CCGs recognise the importance of their role in relation to delegated funding that impact on public health services and the need to work with public health teams to ensure delivery of outcomes and that there will be a requirement to include public health delivery and outcomes as a core part of the assurance programme with CCGs to ensure responsibilities are being effectively discharged

2. Recommendation

- 2.1 The Primary Care Committee is asked to receive the report for information.

Lisa Cunliffe
Primary Care Development Manager