

AGENDA ITEM NO: 8.0.

Meeting Title/Date:	Governing Body - 21 March 2017		
Report Title:	Commissioning Policies - Amendments to overarching Policy Statement and Exceptional Policy and update on overall policy development process.		
Paper Prepared By:	Hilary Fordham	Date of Paper:	March 2017
Executive Sponsor:	Hilary Fordham	Responsible Manager:	Hilary Fordham
Committees where Paper Previously Presented	<p>Governing Body - Adoption of Commissioning Policies - March 2013.</p> <p>Governing Body - Commissioning Policies Update - July 2015</p> <p>Governing Body - Commissioning Policy Development Update and Ratification of Statement of Principles, Decision Making Framework and Exceptionality Policy - January 2016</p>		
Background Paper(s):	<p>Attached documents:-</p> <ul style="list-style-type: none"> • Draft Updated Exceptionality policy • Proposed changes to policy development process and Statement of Principles to better reflect Equality and Inclusion considerations 		
Summary of Report:	<p>The report sets out:-</p> <ul style="list-style-type: none"> • Recommended changes to the Statement of Principles and Exceptionality Policy • Updates on the progress of the County wide commissioning policies review process 		
Recommendation(s):	<p>The Executive is asked to:-</p> <ul style="list-style-type: none"> • Ratify the updated policies:- <ul style="list-style-type: none"> ➤ Statement of Principles ➤ Exceptionality Policy • Support the proposed changes to the remaining work on commissioning policies. 		

		Please Select Y/N
Identified Risks:		
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	N/A	
Strategic Objective(s) Supported by this Paper:		Please Select (X)
To Improve the health of our population and reduce inequalities in health		X
To reduce premature deaths from a range of long term conditions		
To develop care closer to home		
To commission safe, sustainable and high quality Hospital Health Care		
To commission safe, sustainable and high quality Mental Health Care		
To improve capacity and capability of primary care services to respond to the changing health needs of our population		
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Commissioning Policy Update

March 2017

Purpose of the Paper

To:

- Request that the Governing Body ratify an amendment to each of the Statement of Principles and the Exceptionality Policy.
- Provide an update on the remaining work being undertaken to review and standardise the clinical policies used by CCGs across the County, and to include South Cumbria in future work.

Introduction

In January 2016 the Governing Body ratified the Statement of Principles, General Policy for Individual Funding Decision Making and the Exceptionality Policy as part of the Lancashire wide review and updating of the commissioning policies work. Since that meeting two areas of update have been requested by the Commissioning Policies Group to address gaps identified as the work has progressed and the policies have been used. The amendments relate to:

- Statement of Principles document to include a better reflection of Equality and Diversity considerations.
- Exceptionality policy to make it clearer that exceptionality will only be considered on clinical grounds.

Statement of principles and Equality and Diversity considerations

As the Commissioning Policies Group has worked its way through the development of a number of clinical policies it has come to light that a more consistent management of equality and diversity issues needs to be reflected in the process. For each policy it is important that Equality and Inclusion principles and guidance are taken into account and an equality impact assessment is undertaken. This had not been reflected as fully in the original documents as was felt to be needed once a number of clinical policies had been put through the process. An assessment was undertaken of the most effective and efficient way to do this. The paper attached at Annex 1 reflects the outcomes and suggests the following changes are made to the Statement of Principles to reflect the fact that the CCG will undertake these processes.

Suggested Changes to Statement of principles document

The Lancashire Statement of Principles for the commissioning of healthcare document currently addresses equality issues with section 7 on ethics, as reproduced below:

ETHICS

7.1 The CCG defines ethical healthcare as that which is provided justly and fairly according to need, and in accordance with in accordance with systems of accepted beliefs and in accordance with values of relevant professional bodies such that the health of the population is maximised within the

resources available. A healthy population is one in which health and wellbeing are prevalent in a fair and sustainable fashion.

7.2 The CCG's default position is that the treatment or service can be delivered ethically.

7.3 The CCG will commission treatments or services based on the health and healthcare needs of their resident population, as assessed by the CCG. In doing so, they will seek to reduce health inequalities within the population.

7.4 The CCG's commissioning policies, in line with the Equality Act 2010 will not discriminate on the basis of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The CCG will also not discriminate on social disadvantage, lifestyle, occupation, offending background, trade union membership, financial status or family status (including responsibility for dependents).

7.5 The CCG will also apply the human rights principles of Freedom, Respect, Equality, Dignity and Autonomy when developing and applying commissioning policies ensuring that they respect people's human rights in line with the Human Rights Act 1998 and the NHS Constitution.

7.6 All commissioning policies will be subject to equality impact assessment and the CCG may take the results of that assessment into account.

7.7 The CCG will not commission a service that does not follow the usual pathway, if the sole purpose of commissioning it would be to enable a patient to bypass a policy criterion that other patients are expected to follow.

7.8 The CCG will not commission a service if the sole reason for commissioning it would be because that service is commissioned by another Commissioning Organisation or Commissioning Organisations.

It is proposed that section 7.6 above be amended to read as follows:

All commissioning policies will be developed in line with the "Brown principles" of Equality and Inclusion. Specifically, E&I data will be sought at an early stage of the policy development and/or review process, to ensure that available information is taken into account during that process.

All draft commissioning policies will be subject to equality impact assessment and the CCG will use the results of this assessment to influence the content of the policy as well as to identify any protected groups who should be specifically consulted/ engaged with about each draft policy.

Exceptionality Policy – clearer definition of the grounds for exceptionality

The exceptionality policy is attached at Annex 2, the additional paragraph which sets out more clearly that exceptionality will only be considered on clinical grounds is highlighted in Section 3.5 and set out below.

When the policy was developed it was felt that it was clear within it, but subsequent use of the policy has suggested that increasing pressure on social care and other budgets is encouraging patients to use health routes to achieve their required outcomes and that non-clinical issues are

being used as part of exceptionality arguments. This paragraph makes it clear that only clinical issues will be considered.

The CCG defines exceptionality solely in clinical terms. Personal or social circumstances will not be taken into consideration. In essence it is a question of equity. To consider personal, social or other non-clinical factors could introduce inequity by implying that some patients have a higher intrinsic social worth than others with the same condition

Update on progress with the Lancashire Wide Policy Development process

This programme has been underway since 2014 and has made good progress in some areas but the decision making elements have been slow. A detailed list of progress against the objectives is set out in Appendix A. There is now a need to do two things:

- Increase the speed with which policy development and ratification takes place.
- Move to a greater awareness and monitoring process across the providers in Lancashire.

To this end the CCGs have agreed a change to the programme including:

- A restructure of the groups that are undertaking this work to have increased clinical engagement and ownership from CCGs.
- Utilisation of the Clinical Professionals Group (which is part of the Sustainability and Transformation Fund (STP) governance structure) to lead an awareness and engagement process with primary and secondary care clinicians to ensure they understand the reasons for the policies to be in place and are enacting them.
- An agreement that ratification takes place via the Joint Committee of Clinical Commissioning Groups (JCCCG) to reduce the length of time taken to ratify the work.

The preparations for the first two elements are underway. With regard to the final element a paper will be presented to the next JCCCG meeting regarding this to ensure that members are willing to consider the delegation to the JCCCG from their CCG that this requires. If that is agreed a paper will be brought to each CCG for discussion and approval as appropriate.

Recommendation

The Governing Body is asked to:

- Ratify the amendments to:
 - Statement of Principles
 - Exceptionality Policy
- Note the work that has been undertaken to date and the proposed next steps.

Table 1 – Objectives and progress to date of workstream commenced in 2014

Objective	Progress
1) Develop and agree commissioning principles and a framework which underpins the decision making of Commissioning Policy and Individual Funding decisions across Lancashire.	These have been ratified across Lancashire and are now in place for all 8 CCGs.
2) Develop and agree a process for Individual Funding Requests (IFRs) that is clear and has the necessary guidance documentation and can be followed by patients, referrers and those making decisions.	This has been completed and the new process came into place in January 2017.
3) Agree a training process and package for panel members and referrers which CCGs can utilise.	The training package for panel members was undertaken for in November 2016 with places offered to all CCGs. The training for referrers will now become part of the next phase of work.
4) Establish a programme of clinical and intervention specific commissioning policy review and development for Lancashire. Policies will be developed ready for consultation within each CCG and their ratification; the process within each CCG will be for it to undertake	The two policies which cover the largest amount of work are cosmetics and Assisted Fertility. The Cosmetics Policy is now ready for ratifications subject to all CCGs agreeing that the comments received in the engagement process have been appropriately dealt with. The draft Assisted Fertility Policy has been through the engagement process, some final comments and issues are being dealt with and it should be ready for approval shortly. A number of other policies are having a shortened engagement process and will be ready to be approved shortly and a number of others are being developed or considered. This work will now form a major part of the new phase.
5) Develop a process to identify service developments and feed this into the CCGs planning processes.	This has been agreed as part of the monitoring process.
6) Develop a process for identifying requirements for policy development.	This has been agreed as part of the monitoring process.
7) Consider how future audit of policies should be undertaken and provide recommendations on this to the IPA board	Some audits have been undertaken and this will form part of the next phase of the work.