



Cabinet Member (Health and Adult Services)

Time and Date

10.00 am on Tuesday, 13th January, 2015

Place

Meeting Rooms, Council House, Earl Street, Coventry, CV1 5RR

Public Business

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** (Pages 3 - 4)
 - a. To agree the minutes of the meeting held on 9 December 2014.
 - b. Matters arising.
4. **Health and Wellbeing Contract - Proposed Insourcing** (Pages 5 - 24)

Report of the Director of Public Health
5. **Transfer of 0-5 Year Public Health Responsibility to Local Authorities**
(Pages 25 - 30)

Report of the Director of Public Health
6. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

Private Business

Nil

Chris West, Executive Director, Resources, Council House, Coventry

Monday, 5 January 2015

Note: The person to contact about the agenda and documents for this meeting is Lara Knight Tel: 024 7683 3237 Email: lara.knight@coventry.gov.uk

Membership: Councillor A Gingell (Cabinet Member)

By invitation Councillors K Caan (Deputy Cabinet Member), Councillor K Taylor (Shadow Cabinet Member), Councillor S Thomas (Chair, Health and Social Care Scrutiny Board (5))

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

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Public Document Pack Agenda Item 3

Coventry City Council

Minutes of the Meeting of Cabinet Member (Health and Adult Services) held at 10.00 am on Tuesday, 9 December 2014

Present:

Members: Councillor A Gingell (Cabinet Member)

Other Members: Councillor S Thomas

Employees:

M Godfrey, People Directorate
M Rossi, Resources Directorate
J Teahan, People Directorate
D Watts, People Directorate

Apologies: Councillor K Caan

Public Business

14. Declarations of Interest

There were no disclosable pecuniary interests.

15. Minutes of the Previous Meeting

The minutes of the meeting held on 11th November 2014 were agreed and signed as a true record.

16. Coventry City Council - Adult Social Care Complaints and Representations Annual Report 1st April 2013 to 31st March 2014

The Cabinet Member considered a report of the Executive Director, People, which presented the annual report on complaints and representations received in Adult Social Care from April 2013 to March 2014.

The report had also been considered by the Health and Social Care Scrutiny Board (5) at its meeting on 19th November 2014 and a briefing note detailing their consideration of this matter was appended to the report.

The Adult Social Care Services had a duty arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. There was also a duty under the regulations to produce and publish an Annual Report.

The report provided details of the complaints and representations received across the Adult Social Care Service in Coventry. In summary, 61 formal complaints were received, which represented less than 1 per cent of the 9,208 people who contacted the service during 2013/14 and the 7,227 people who received support.

This was a reduction on the number received in the previous year, where there had been 81 complaints. The Annual Report was provided in full at Appendix A to the report. It was highlighted the service improvements and learning from feedback and included information on future developments in complaint handling and reporting.

RESOLVED that the Cabinet Member (Health and Adult Services):

- 1. Notes the comments from the Health and Social Care Scrutiny Board (5)**
 - 2. Endorses the content and approves the issuing of the report.**
17. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

There were no other items of business.

(Meeting closed at 10.15 am)

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

13th January 2015

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Health and Wellbeing Contract - Proposed Insourcing

Is this a key decision?

No

Although the proposals will have an impact on all wards within the City, it is not expected to be significant.

Executive Summary:

A Health Trainer Service was established in Coventry following the 2004 White Paper 'Choosing Health' and is currently commissioned from the Coventry and Warwickshire Partnership NHS Trust (CWPT). Health Trainers engage with local people and support them in delivering lifestyle behaviour change. They most commonly provide support to help people achieve and maintain a healthy weight and to improve their mental wellbeing, but can also support with smoking cessation, alcohol reduction and safe sex.

The service is contracted as an element of a wider contract with CWPT, previously held by the Primary Care Trust and transferred to a joint contracting arrangement held by the City Council and Coventry and Rugby Clinical Commissioning Group following changes implemented as part of the Health and Social Care Act 2012.

The overall contract is renewed annually. In 2014, the City Council commenced a tendering exercise for the Health Trainer service, under a revised service title of 'Health and Wellbeing Service', with a view to a new contract becoming effective from 1st April 2015. However, following this procurement, no provider was able to be awarded the contract.

Following the failed tendering process, detailed consideration has been given to the future provision of the service, with a number of options considered. It is considered that, on the whole, the insourcing of the operations will provide the most efficient, economic and effective option for provision going forward. It is also considered that insourcing the service will allow the Council to better align operations alongside existing delivery by the City Council.

This report summarises the results of the options considered, consultation undertaken and the results of benchmarking of similar services' costs.

Recommendations:

The Cabinet Member (Health and Adult Services) is recommended to approve:-

1. That on the expiry of the Health Trainer contract with the Coventry and Warwickshire Partnership NHS Trust on the 31st March 2015 the operations are insourced, to be delivered directly by the Council's 'Be Active Be Healthy' service.
2. That officers enter into formal discussions with the Coventry and Warwickshire Partnership NHS Trust to obtain the appropriate information to allow the insourcing to take place, including the information required under TUPE (the Transfer of Undertakings (Protection of Employment) Regulations 2006) and other appropriate operational information.

List of Appendices included:

Appendix A: Consultation results

Other useful background papers:

Choosing Health, Department of Health, 2014

Health Trainers Half Year Review 1st April – 30th September 2013, Royal Society for Public Health, 2013

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report Title: Health and Wellbeing Service Contract - Proposed Insourcing

1. Context (or background)

- 1.1 The 2004 Public Health white paper '*Choosing Health*' (Department of Health, 2004) gave a commitment that from 2006, NHS Health Trainers would be providing advice, motivation and practical support to individuals in their local communities.
- 1.2 Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health. The concept is to deliver lifestyle support as help '*from next door*' rather than advice from '*on high*' and, as such, they often come from, or are knowledgeable about, the communities they work with. In most cases, Health Trainers work from locally based services which offer outreach support from a wide range of local community venues.
- 1.3 Health Trainers principle aims were to:
 - Target 'hard to reach' and disadvantaged groups
 - Increase healthy behaviour and uptake of preventative service
 - Provide opportunities for people from disadvantaged backgrounds to gain skills and employment
 - Reduce health inequalities
- 1.4 Health Trainers work with clients on a one-to-one basis to assess their health and lifestyle risks and support behaviour change. Commonly, Health Trainers engage with clients, assess their health and lifestyle behaviours, develop a specific Personal Health Plan and give support for 6-10 weeks. They most frequently provide support to help people achieve and maintain a healthy weight and to improve their mental wellbeing, but can also support with smoking cessation, alcohol reduction and safe sex. A national occupational standard qualification has been established to help ensure a consistent standard of care and support is delivered.
- 1.5 Health trainer services have undergone a number of reviews, with a consensus that the approach is effective in improving health and reducing health inequalities. A major review by the Royal Society of Public Health in 2013 (Health Trainers Half Year Review, RSPH 2013) analysed more than 500,000 individual client records of Health Trainer services across the country. The review found that improvements in health were found across all lifestyle behaviours and concluded:

"A key commissioning question in relation to any health improvement project is simply - "Does it work and will it continue to work in the future?" Different tables, looking at successful Health Plans, Diet, Weight/BMI, Blood Pressure, Alcohol, Exercise and other measures all indicate positive and sustained change. In respect to enabling clients to make and sustain positive health behaviours this is a major success story."
- 1.6 When introduced, Health Trainers were a mandatory service required to be delivered by Primary Care Trusts across the country, with specific funding introduced in the NHS baseline from 2007/8. The mandatory status of this service no longer exists.
- 1.7 Until the implementation of reforms under the Health and Social Care Act 2012, the Health Trainer service in Coventry was delivered by the Coventry and Warwickshire Partnership NHS Trust (CWPT), under contract to the Coventry Primary Care Trust.

- 1.8 The Health and Social Care Act dissolved Primary Care Trusts in favour of Clinical Commissioning Groups and returned responsibility for public health to local authorities. As part of this, responsibility and funding for Health Trainer services were reallocated to local authorities as part of the Public Health Grant. Existing Primary Care Trust contracts were transferred to Clinical Commissioning Groups and, where responsibility for services under these contracts had been moved to local authorities (including responsibility for Health Trainer services), joint contracting arrangements were established. These changes came into effect from 1st April 2013.
- 1.9 The service in Coventry is funded by the Public Health grant and is currently part of the joint (with the Clinical Commissioning Group) block contract with CWPT.
- 1.10 The Health Trainer service currently costs a total of £686,517 and delivers a range of services. Key contractual targets are to:
- Deliver a health screen to 500 service users per year (of whom at least 300 to come from communities at greater deprivation)
 - Deliver a weight management intervention with 500 service users (of whom at least 300 to come from communities at greater deprivation). A minimum of 300 service users receiving a weight management intervention are required to lose 2.5% or 2.5kg within a 12 week intervention.
 - Deliver interventions to service users receiving a health screen which brings about an improvement in wellbeing among 250 service users (using improvements measured by the Warwick-Edinburgh Wellbeing Scale)
- 1.11 The provider broadly achieves its contract targets. An independent review of Coventry's Health Trainer provision (albeit, solely in relation to weight management rather than the general range of lifestyle support provided by Health Trainers), conducted by a team from Leeds Metropolitan University in 2014, concluded:
- All advisors had the City and Guilds NVQ3 Health Trainer qualification and were trained in delivering the CounterWeight programme.
 - A key benefit of the health trainer service was being able to see an advisor at a time and location to suit them. The GP practice was the ideal location since this was local to where clients lived. The advisors were knowledgeable, encouraging and offered strategies that could be adapted to individual lifestyles, which meant clients could follow them more easily.
 - Service users valued the opportunity for tailored support and the opportunities for ongoing support
 - The vast majority of service users receiving support around weight management were female (70% in 2012 and 80% in 2013)
 - Data capture was poor and should be improved to enable a strong evaluation of the service provision
 - In comparison to other weight management service provision offered in Coventry, the outcomes of the service are limited
 - Staff were keen to develop the interventions on offer
- 1.12 Following the transfer of Public Health to the City Council in 2013, a decision was made to re-tender the Health Trainer service in order to ensure the Council was gaining best value from contracts inherited from the Primary Care Trust.
- 1.13 In line with the contract terms, CWPT was issued with a formal 12-month notice of contract termination in March 2014, to take effect on 31st March 2015.

- 1.14 Alongside this, a re-tendering process was initiated. The specification of the service was reviewed and redefined. The redefined service requires the contractor to deliver:
- 1800 unique referrals
 - 1350 initial assessments / health screens completed
 - 864 clients having a Personal Health Plans (PHP) created
 - 734 clients from target populations (resident in geographic areas, with no academic quals, with 3 or 4 lifestyle risk factors) having a PHP created
 - 1,000 clients referred to access Passport to Leisure and Learning or equivalent
- 1.15 A number of outcome measures are included in the redefined service specification, including meaningful improvements in wellbeing, a reduction in the number of unhealthy lifestyle behaviours, and numbers of clients referred to physical activity and sports participation programmes. Other standard quality measures (eg. rates of service users failing to attend appointments, waiting times, etc) also apply.
- 1.16 The existing contract requires the service to deliver a specific weight management intervention called 'Counterweight'. The redefined specification enables the provider to implement any effective weight management intervention and also provide some limited access to commercial weight management programmes delivered by companies such as Slimming World, Weight Watchers or Rosemary Conley, etc.
- 1.17 A number of factors were taken into consideration when establishing the budget for the contract:
- A benchmarking exercise indicated that similar health trainer-type services should cost in the range of £300-£350 per service user receiving a programme of support.
 - Current staffing costs are in the region of £230,000 (incl employer's National Insurance and pension contributions).
- 1.18 As a result, it was decided the maximum value of the 2 year contract to be tendered should be £320,000 per annum.
- 1.19 A Prior Information Notice (PIN) was issued through the Official Journal of the European Union (OJEU) in June 2014, informing providers of the Council's intention to tender for the service. The Invitation to Tender for the service was issued on 20th August 2014, with a deadline for providers to return their proposals by 30th September 2014.
- 1.20 A total of 51 organisations expressed an interest in the tender and downloaded the tender documentation from the Council's etendering portal. However, only one bid for the service was received by the deadline date and, following analysis, it was decided that the proposal was of insufficient quality to be awarded the contract.
- 1.21 Feedback was sought from organisations which expressed an interest in the tender but did not submit a bid. Two organisations, including the incumbent provider, stated their decision not to bid was due to what they considered to be an insufficient budget to cover staffing costs and one organisation stated uncertainty around the "*charging mechanism for weight management referrals*".

2. Options considered and recommended option

- 2.1 Following the failed procurement, a detailed review of the options for provision of the operations, including further re-tendering, has been carried out.

- 2.2 The option to re-tender the service again has been considered. Given the feedback of potential suppliers, as a result of the procurement exercise, that the budget was insufficient when considering the current staffing costs, any retendering would require either additional budget or longer contract term. An extension of the current contract – likely to be at the current contract cost - would be needed to provide enough time to complete a procurement exercise again, further increasing the cost burden to the Council. It is not known what level of budget would entice bidders and any re-procurement would require a negotiated extension of the existing contract and, the time of public sector cuts, this is not considered a cost effective option. Advice from legal services indicates that due to the short term nature of interventions, the Transfer of Undertakings - Protection of Employment (TUPE) regulations may not apply. However, while there is some emerging caselaw indicating that TUPE may not necessarily apply where contracts, but not work or an active caseload, are transferred, this is considered high risk and would require providers to accept this risk when bidding for the contract.
- 2.3 The option to negotiate a contract extension with the current provider has been considered. However, the current provider did not submit a bid during the procurement exercise and the starting point for any negotiation would be the current contract value – which is £366,517 per annum more than the proposal contract value. Again, it is not considered a cost effective option and, given the service has never been openly tendered, could be open to legal challenge.
- 2.4 The option to end the service has also been considered. There is clear evidence that the Health Trainer model of delivery is effective in preventing ill-health and promoting wellbeing, particularly within more deprived communities. As such, Health Trainers are a key intervention assisting the achievement of the Council Plan's ambition to reduce health inequalities and improve the health and wellbeing of local residents by helping them lead healthier lifestyles.
- 2.5 Insourcing the operations and having them provided by the Council's 'Be Active Be Healthy' service on the expiry of the existing contact on the 31st March 2015 for up to 3 years for the reasons set out at section 3 below, is considered to offer the most efficient, economic and effective option for provision of the operations going forward.

3. Consideration of the options

Cost

- 3.1 The current base annual value of the contract with CWPT is approximately £686,517, which is financed from the Public Health Grant. This contract value reflects a slight reduction from 2013/14 which was an annual cost inherited from the contract previously held between the Primary Care Trust and CWPT prior to the 2012 health reforms.
- 3.2 The current service employs a total of 9.39 whole time equivalent staff including 8 health trainers (7.11 whole time equivalent), one manager (currently vacant), 2 admin (1 whole time equivalent) and 2 health check screeners (1.28 whole time equivalent). Total staffing costs, including employers National Insurance and pension contributions but excluding other overheads are considered to be around £233,000. Other costs associated with the service, in addition to management overheads include costs associated with delivery of interventions in the community, training/supervision and some equipment costs.

- 3.3 In addition to this, the Council holds a contract for Weight Management on Prescription. This service enables GPs to refer patients to Slimming World classes and was initiated through the former Coventry Health Improvement Programme. This year, activity delivered by this service is valued at approximately £40,000; the contract for this service also expires on 31st March 2015. The redefined Health and Wellbeing Service specification requires the contractor to provide and fund access to commercial weight management programmes, and will replace the separate Weight Management on Prescription service.
- 3.4 Costs of services similar to Coventry’s Health and Wellbeing service vary across the country and comparisons can be difficult because of variability between Health Trainer-type services and differences in commissioning arrangements. The costs of services commissioned by Primary Health Trusts are significantly greater than the cost of services recently openly tendered by Councils since the transfer of responsibility to local authorities.
- 3.5 A number of local authorities which advertised contract award notices on the Official Journal of the European Union for Health Trainer-type services in 2014 were contacted and provided some data useful for benchmarking costs and activity levels. These are summarised in the table below:

Local authority	Commissioning and service costs and activity
Coventry Tender exercise	Initial tender budget £320,000 for 1800 referrals, 864 service users receiving 1:1 support. Contract value equivalent to: <ul style="list-style-type: none"> • £178 per referral • £370 per client supported • £45,000 cost per health trainer • 117 service users per health trainer
North East Local Authority	Have re-commissioned a number of health trainer contracts in 2014, generally working on a service cost equal to £30-£32k per health trainer, each with capacity to deliver 1:1 support to around 100 service users per annum.
West Midlands Local Authority	Have re-commissioned a similar health trainer service to Coventry’s specification at a cost of £352 per client supported.
London Local Authority	Have re-commissioned a health trainer contract, won by a neighbouring local authority. Contract value approx. £450,000 for 14 month period for a service receiving 3,600 referrals (£125 per referral). Service specification includes the development of community health champions.

- 3.6 The failed procurement exercise provided a maximum budget of £320,000 for the service. Given the table above, it is unclear what level of budget would encourage bids for the service.
- 3.7 Returning to the marketplace with a revised tender for the service would require additional time to complete and an extension of the current contract of at least 3 months would be needed. It is anticipated that any extension of the existing contract would cost approximately £57,200 per month, considerably above the anticipated cost of the tendered service at £26,700 per month.
- 3.8 A costing exercise calculates that, using the existing staffing structure of 9.39 wte posts and using on-costs as calculated by the Council, the service could be provided by the City Council at an annual cost of approximately £332,000, made up of as below:

Direct staffing costs (incl NI, pensions)	£233,000
Estimate of central overhead costs of Human Resources and workforce development, ICT and accommodation	£46,000
Service delivery costs including staff-related oncosts, consumables, costs of community delivery and commercial weight management	£53,000
Total annual cost	£332,000

Approximately £10,000 would also be required to fund one-off equipment purchases.

- 3.9 Staff within the service will be entitled to transfer their employment into the Council when it is insourced. Transferring staff would retain NHS terms and conditions following any transfer. Transferring staff would not be eligible to remain within the NHS pension scheme after 31st March 2015, but instead would have the option to join the Local Government Pension Scheme (LGPS). They would be able to request to transfer into the pension scheme any previous service, however, most (if not all) of transferring staff would be within a final salary scheme and are unlikely to transfer into a career average scheme. The implications of this would depend on each member of staff's personal circumstances.

Service alignment

- 3.10 The Council's Be Active Be Healthy team delivers a range of activities predominantly to support service users' healthy weight, through supporting behaviour change in relation to improving dietary intake and increasing levels of physical activity. Services are delivered in line with National Institute for Health and Care Excellence (NICE) guidelines. The service encompasses different programmes, including: One Body One Life, Healthy Walks and Extend (a chair-based physical activity programme for people of more limited mobility).
- 3.11 The service employs approximately 12 staff and operates in community venues across the city, with a central base at Faseman House.
- 3.12 An independent review of the Be Active Be Healthy provision, conducted by a team from Leeds Metropolitan University in 2014, concluded that the service delivers "*a client-centred, solution-focused approach, with the emphasis being on a holistic model of health rather than weight loss. This ensured that physical and mental health issues were recognised and individual client's needs were considered. The service offered one-to-one and group sessions as part of its individual programmes.*"
- 3.13 Both the Health and Wellbeing Service and the Be Active Be Healthy service rely on good engagement with primary care. The alignment of the two teams would support much improved communication between the two main obesity prevention services in the city; enabling more efficient liaison with GPs and other refers and as well as hospital-based obesity services.
- 3.14 The flexibility of having an insourced health and wellbeing service provides some additional opportunities to contribute towards reducing health inequalities more generally and addressing the wider determinants of health, including improved links with the customer facing centre in Broadgate House and the Job Shop.

Longer term outsourcing

- 3.15 Following the review led by Leeds Metropolitan University, a number of work-streams are currently underway with the Be Active Be Healthy team to improve effectiveness:

- Improvement in the psychological input to the service maximise behaviour change of service users passing through programmes
- Refocusing of service delivery to deliver weight management programmes and interventions to families with children at risk of obesity

3.16 It is proposed that, in the medium term – and following the implementation of the above service developments - the Be Active Be Health team become an independent contractor to the local authority, either through the creation of a social enterprise, a tendering exercise or by other means.

3.17 The Be Active Be Healthy service is currently part of the Council's People Directorate, operates solely in Coventry and is funded from a single source. The addition of the health trainer service adds an additional capacity, funding and scope and makes the service more viable as independent going concern, capable of securing other contracts and diversifying its income streams.

3.18 Should the Health Trainer service be insourced, the financial risks associated with pension liabilities will be minimised by the whole Be Active Be Health / Health Trainer service becoming independent within a maximum period of 3 years.

Consultation

3.19 The views, opinions and ideas of key stakeholders have been sought in relation to the proposal to insource the service. This consultation was conducted in the following ways:

Stakeholder	Method of consultation
The existing provider	<ul style="list-style-type: none"> • Initially consulted via tendering process, to which the organisation declined to submit a proposal on the stated grounds of insufficient budget to cover existing staffing costs • Meeting with the Associate Director of Operations, Primary Care and Prevention Services and others on 1st December.
Service users	<ul style="list-style-type: none"> • An online survey was produced and made available via the City Council website from December 2. • Paper copies of the questionnaire (with pre-paid SAE return envelopes) were distributed to current clients via the existing provider • The online survey was promoted via HealthWatch, on their own website and through the inclusion of an article in a newsletter bulletin.
Any bodies or groups connected with the service	<ul style="list-style-type: none"> • The Clinical Commissioning Group were consulted via a meeting on 12th December • Details of the consultation questionnaire were distributed to GPs via the CCG's regular newsletter to practices
Representatives of those likely to use the service	<ul style="list-style-type: none"> • The online survey was promoted via HealthWatch, on their own website and through the inclusion of an article in a newsletter bulletin.
Other bodies providing a similar service	<ul style="list-style-type: none"> • Potential providers were initially consulted via tendering process; with all organisations who expressed an interest being asked to provide reasons for their decision to not submit bids. • Further organisations identified by procurement as likely to be interested in bidding, but who failed to express an interest, were also contacted for feedback and provided the opportunity to comment on the proposal to insource.

Public as a whole	<ul style="list-style-type: none">• The online questionnaire was available via the Council's website; with paper copies available on request.
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- 3.20 The questionnaire provided the opportunity to rate and comment on the present service, what works well and what improvements could be made. Questions also provided respondents with the opportunity to give views of the proposal to insource the service. Questions were adapted for different groups of respondents (current and past service users, referring bodies and other interested stakeholders). The questions and responses are shown at Appendix A.
- 3.21 As of 17th December, a total of 17 responses had been received, although not every question was answered by all respondents. Five responses were received from service users, one from someone who refers people to the service and 11 from people with any other interest in the service. Consultation responses received after December 17 will be presented at the Cabinet Member meeting.
- 3.22 Of the five service users who responded, all received advice and information and most were seeking support in relation to healthy weight and mental wellbeing; none were seeking support around alcohol consumption or smoking.
- 3.23 Views of respondents were split on the effectiveness of the service. Three of the service users who responded were '*very satisfied*' with the overall quality of service received, two was '*very unsatisfied*'. The only respondent who referred people to the service stated they thought the service was '*ineffective*'. Key factors identified as working well included the provision of one-to-one support and friendly and knowledgeable staff. Comments on the effectiveness of the service included:
- *...anyone I know who's been to a health trainer hasn't lost any weight or stopped smoking...*
 - *The work of the health trainers is very professional. The availability of locations and appointments (which were always on time). I found that the sign postings by them was helpful.*
 - *...the advisors do an initial assessment of need, then they are then sign posted into other services or go onto another programme within the health trainer service i.e stop smoking, sleep well, eat well, move more, feel good, smoke less or drink less alcohol. I think these services work really well...*
- 3.24 In response to the proposal to insource the operations, a greater number of respondents were broadly supportive and had no major concerns of changing from an external provider to an insourced provider. No respondents felt that insourcing the service and having it delivered by the Council would adversely affected groups with protected characteristics. Comments in relation to the proposal to insource the service included:
- *It shouldn't be done by the Council... the council are doing enough cuts and cutting hundreds of jobs...*
 - *... I think providing it is kept as it is, but delivered by experienced staff things should not change.*
 - *I don't think that changes to who provides the overall service will have a great impact...*
 - *...why change something that is working so well?*
 - *...the proposal could help a lot in some of our local council...*

- 3.25 A number of general improvements were suggested, mainly in respect of interventions provided to support weight loss and reducing bureaucracy. Key issues raised included views that the current 'Counterweight' weight management programme was ineffective, concern that making use of commercial weight loss programmes (like Slimming World or Weight Watchers) rely on group sessions which may introduce barriers for some clients. Other suggestions included engagement with schools, employers and community groups and reduced bureaucracy.
- 3.26 Other consultation with the incumbent provider and the Coventry Clinical Commissioning Group
- 3.27 The consultation closed formally on 4th January 2015; a further update on any late responses received will be presented verbally to the Cabinet Member meeting.
- 3.28 The Care Quality Commission (CQC) has been contacted and it is not anticipated that CQC registration is required for the service.

Evaluation

- 3.29 Cost projections indicate that by insourcing the current Health Trainer service would deliver a significant saving on the existing contract of around £350,000 per annum. This saving would be set against the Public Health savings target. It is anticipated that insourcing will also be financially favourable to the Council in comparison to repeating a procurement exercise, given the uncertainty of the budget considered adequate for external contractors and the need to extend the existing contract.
- 3.30 Insourcing would increase the levels of flexibility of the service and allow improved alignment with existing council-run health services and also contribute more effectively to the Council's objectives.
- 3.31 The consultation reflected a mix of responses in terms of the quality and effectiveness of the service. On the whole, respondents had few concerns about the Council delivering the service.
- 3.32 The Council's Be Active Be Healthy team operate quality and performance management systems to ensure service standards are met. It is anticipated that the standards achieved by the Health Trainer service insourced and managed as part of the Be Active Be Healthy team could at least meet those of an external contractor.
- 3.33 Insourcing the Health Trainer service as part of the Be Active Be Healthy service would support the progression of proposals to develop the service as a viable going concern suitable to become independent from the Council in the medium term.
- 3.34 The option to insource is therefore, on the whole, recommended as being the option which is the most efficient, economic and effective option.

4. Results of consultation undertaken

- 4.1 The results of consultation is outlined in paragraphs 3.19 to 3.28.

5. Timetable for implementing this decision

- 5.1 The Health Trainer contract is due to expire on the 31st March 2015. It is proposed in this report that the contract is insourced by the Council on that date, to be provided by the Council's Be Active Be Healthy service.

5.2 There are a number of human resource and operational actions which need to be undertaken leading up to that date.

6. Comments from Executive Director, Resources

6.1 Financial implications

The current budget (2014/15) for the service is £687K. The Public Health grant is ringfenced, so any efficiencies realised will be available to be spent on Public Health priorities. The reduction in budget for this area of £355K will enable Public Health to meet budget and spending priorities for the 2015/16 financial year.

Due, in particular, to some of the pensions issues, the precise financial implications are unknown. Any increase in cost will need to be met within the overall Public Health grant.

6.2 Legal implications

Pursuant to Section 3(1) of the Local Government Act 1999, the Council is under a duty to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. The proposed insourcing of the service together with the associated cost savings and increased efficiencies (identified in this report) will further the Council's discharge of this duty.

In completing the consultation exercise detailed in clause 2 above the Council has discharged its duty to consult as set out in Section 3(2) of the Local Government Act 1999.

The Transfer of Undertakings (Protection of Employment) Regulations 2006 will apply in the event that operations transfer from CWPT to the Council.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The Health Trainer service contributes directly to the Council Plan's ambition to improve the health and wellbeing of local residents by helping people lead healthier lifestyles. The Health Trainer service will work with residents in greater deprivation or with multiple lifestyle risks to help develop sustained improvements in lifestyle behaviours. It is anticipated that the standards of delivery by an insourced service will be at least as good as those achieved by contracted services.

6.2 How is risk being managed?

Service delivery of both the Health Trainer service and the Be Active Be Health team is planned and reported through the Public Health Senior Management Team. During the transfer a project team involving Public Health and People Directorate would be established.

6.3 What is the impact on the organisation?

The proposal to insource involves the transfer of up to 12 individual staff members (9.39wte) from an NHS provider into the Council, with an estimated salary budget of £233,000). Staff will broadly operate on agile patterns, based largely in community settings (utilising a mix of Council, health and other venues). Some office space would be needed; the Be Active Be Healthy team are currently located in Faseman House. As agile workers, all transferring staff would be required to have laptops and telephones. These issues are further discussed in para 3.2 3.8 and 3.9.

6.4 Equalities / EIA

In reviewing the arrangements for the Health Trainer service, the Council has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations. The Council will continue to consider its duty, which will be consulted upon and assessed via the transfer of staff from the existing contractor, and, if significant changes in services delivered or service standards are proposed, through an EIA.

6.4 Implications for (or impact on) the environment

The consideration to insource the Health Trainer service will have no direct significant impact on the environment.

6.5 Implications for partner organisations?

The Coventry and Warwickshire Partnership NHS Trust is the current provider and is a significant partner to the City Council across a range of issues. CWPT opted to not tender for the service on grounds of cost.

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Appendix A: Consultation results

1 Are you responding to this survey as:	
	Responses –
Someone who is using, or has used, the Health Trainer service	5
Someone who refers people to the Health Trainer service	1
Someone with any other interest in the Health Trainer service	11
Total	17
2 When was your most recent contact with the Health Trainer service?	
Within the last 12 months	4
More than 12 months ago	1
Total	5
3 What services or support did you receive from the health trainer service? Please tick all that apply.	
Initial assessment	3
Advice and information	5
Personal health plan / written plan of support with personal goals	1
Review of your personal health plan / goals	2
Onward referral to another service	1
<u>Responses</u>	0
Other (please specify below)	
4 What were your key health concerns which initially prompted you to use the service? Please tick all that apply.	
Healthy weight	4
Physical activity	1
Healthy eating	3
Smoking	0
Alcohol	0
Mental wellbeing	2
<u>Responses</u>	1
Other (please specify below) :	
Cancer treatment	
5 How satisfied are you with overall quality of the service you received?	
Very satisfied	3
Satisfied	0
Unsatisfied	0
Very unsatisfied	2
Don't know	0
Total	5
6 When did you make your most recent referral to the Health Trainer service?	

Within the last 12 months	1
More than 12 months ago	0
Total	1

7 What were the key health concerns which initially prompted you to refer people to use the service? Please tick all that apply.

Healthy weight	1
Physical activity	0
Healthy eating	1
Smoking	1
Alcohol	0
Mental wellbeing	0
<u>Responses</u>	
Other (please specify below)	0

8 How effective do you think the service is?

Very effective	0
Effective	0
Ineffective	1
Very ineffective	0
Don't know	0
Total	1

9 What do you think works well about the current Health Trainer service?

The work of the health trainers is very professional. The availability of locations and appointments (which were always on time.) I found that the sign postings by them was helpful.

The staff who deliver the service work very hard to deliver to targets that are not set by themselves. These are not always realistic but are usually met each month. The advisors do an initial assessment of need, then they are then sign posted into other services or go onto another programme within the health trainer service i.e stop smoking, sleep well, eat well, move more, feel good, smoke less or drink less alcohol. I think these services work really well and we also work in partnership with other agencies like sexual health, physiotherapy, Active for health, etc.

One to one support works well with some clients.

Lifestyle health checks Stopping smoking advice Friendly, knowledgeable service. Flexible service Weight Management advice and Low level behaviour changes.

One to one consultation.

They need more improvement in terms of patience and humble.

10 Are there any parts of the service you would like to see improved?

It shouldn't be done by the Council

Apart from less bureaucracy, there needs to be more funding available to keep delivering the service while pressure is put on the service to reduce staff and resources. Also less paperwork so this may mean that we need laptops to record data while in outreach clinics. Also training was given to employees to improve the service but was never utilised, this then led to low moral for staff who attended training who could not progress as this wasn't available to them.

I would like to see engagement with existing systems e.g. schools (parents), employers, community groups. Counterweight doesn't appear to be hugely effective. relies heavily on processed carbohydrates/ restricts healthy fats rather than eating natural/whole/local/seasonal foods. Longterm follow up is not monitored. I expect referring to weightwatches/slimming world would be even worse though as they are essentially private business/franchise without evidence of longterm positive outcomes: emphasis is on short-term weight loss rather than improving health and sustaining changes in behaviours that may negatively impact health . group sessions might be preferred by some service users though and this could be explored.

No

About lifestyle. eg. smoking, weight loss, etc.

11 What impacts do you think the proposal could have for different groups of people? (consider age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion and belief, sex/gender, and sexual orientation)

If it stays the way it is now, I can not see any problem.

No different for anyone who uses the service. What a stupid question.

The service will have a bigger range to work towards including signposting many clients to weight watchers and slimming world, which has implications as some of the clientel that come into our service prefer 1-1 face to face appointments rather than group and also there are alot of ethnic groups who use the service some with interpreters, which is not really feasible in a group setting. This then would maginalise the service and it will be inaccessible to certain groups.

I don't think that changes to who provides the overall service will have a great impact, but I think that the plan to refer clients into slimming worlds/weighwatches type programme could impact all of the above, as i doubt the staff/leaders of these slimming groups have the same training and support to ensure that equality and diversity is supported in the same way that NHS services can. You can't really use interpreters in groups settings. There may be cultural barriers to these programmes.

I think providing it is kept as it is ,but delivered by experienced staff things should not change. However if there are aspects that need changing ,they need to be done to improve the service not to demotivate people or staff delivering a service. Existing services should not be closed in certain areas as this could have a big impact on numbers wishing to access a service.

The advice and service we received was very good and therefore why change something that is working so well?

I don't see why.

The proposal could help a lot in some of our local council. Some people think about age, and race, so the proposal will bring about a new face together.

12 If you have any other comments on the current proposal and/or would like to make alternative suggestions, please write in the space provided below:

No

The council are doing enough cuts and cutting hundreds of jobs. How can you justify bringing a whole new team of people into the council. This shouldn't be allowed, but I expect our views won't make any difference and you'll do it anyway. Anyone I know who's been to a health trainer hasn't lost any weight or stopped smoking so it's a waste of money having them in the first place. They are back where they started.

In principal the service needs to be joined up. With all services working together like physical activity services, weight management services, alcohol services, stop smoking services, etc so that transition from one to the other is as painless as possible for service users. I personally do not think that referring our clients into services like weight watchers and slimming world which are businesses that are interested in making money, will be beneficial in the long run. We are talking about hard to reach users that we work closely with and engage with and are not disconnected from the people we provide a service too.

The service needs to be made attractive for its users. It needs to ensure people can make changes to their lifestyles that will produce benefits that they can see.

A lot of people have diabetes but there is not a lot of education of diabetes.

13 Are you responding on behalf of an organisation?

Yes	3
No	9
Total	12

14 Are you?

Female	2
Male	4
Total	6

15 How old are you? (general use)

Under 16	0
16 - 24	0
25 - 34	0
35 - 44	1
45 - 54	0
55 - 64	3
65 - 74	0
75 - 84	1
85+	1
Total	5

16 What is your ethnic background?

White - British (includes English / Welsh / Scottish / Northern Irish)	3
--	---

White - Irish	0
White - Gypsy/Irish Traveller	0
White - Other	0
Mixed - White and Black Caribbean	0
Mixed - White and Black African	0
Mixed - White and Asian	0
Mixed - Other	1
Asian/ Asian British - Indian	0
Asian/ Asian British - Pakistani	0
Asian/ Asian British - Bangladeshi	0
Chinese	0
Asian/ Asian British - Other	0
Black/ Black British - African	1
Black/ Black British - Caribbean	0
Black/Black British - Other	0
Arab	0
Any other ethnic group	0
Prefer not to say	0
Total	5

17 What is your religion?

No religion	1
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	4
Buddhist	0
Hindu	0
Jewish	0
Muslim	0
Sikh	0
Any other religion	0
Prefer not to say	0
Total	5

18 Do you consider yourself to be a disabled person?

Yes	1
No	4
Total	5

19 Which ward do you live in?

Bablake	1
Binley and Willenhall	2
Cheylesmore	0
Earlsdon	0
Foleshill	0
Henley	0
Holbrooks	0

Longford	0
Lower Stoke	0
Radford	0
Sherbourne	0
St. Michaels	1
Upper Stoke	2
Wainbody	0
Westwood	0
Whoberley	0
Woodlands	0
Wyken	0
Total	6



Public report Cabinet Member Report

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

13 January 2015

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title: Transfer of 0-5 Public Health Commissioning Responsibility to Local Authorities

Is this a key decision?

No – Although this matter may impact on all wards across the City, it is not expected to be significant.

Executive Summary:

As part of the Health and Social Care Act 2012, it was agreed that the commissioning responsibility for 0-5 public health would transfer to the NHS National Commissioning Board until April 2015, which was then extended until October 2015. This responsibility in the main covers the Health Visiting and Family Nurse Partnership services (FNP). The services are currently commissioned from Coventry and Warwickshire Partnership NHS Trust (CWPT) and cost in the region of £5.7m pa.

Guidance has recently been published by the Department of Health to support the transfer of the contracts for the services from the NHS to Local Authorities and the financial cost envelope that will support the transfer is currently out for consultation.

This report provides an update on the position to date and requests formal approval for the transfer to be progressed by the Director of Public Health in line with the national guidance.

Recommendations:

- (1) To note the current position and request the Director of Public Health to provide a further report regarding the progress of the transfer following conclusion of the negotiations regarding the 2015/16 contract for Health Visiting and Family Nurse Partnership services.

List of Appendices included:

None

Other useful background papers:

Transfer of Commissioning Responsibilities to Local Authorities – Initial contracting guidance for NHS Commissioners, NHS England, November 2014 <http://www.england.nhs.uk/wp-content/uploads/2014/11/0-5-trans-contrct-guid-1114.pdf>

Transfer of 0-5 Public Health commissioning responsibilities to Local Authorities: baseline agreement exercise, DH, December 2014
<https://www.gov.uk/government/publications/allocation-of-funding-for-0-5-public-health-services>

Has it been or will it be considered by Scrutiny?

No

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title:

1. Context (or background)

- 1.1 In January 2014 there was a national announcement that commissioning for 0-5 Public Health services would transfer to Local Authorities from NHS England from 1 October 2015 and not 1 April 2015 as previously outlined as part of the transfer of Public Health to Local Authorities. This responsibility mainly covers Health Visiting and Family Nurse Partnership services (FNP).
- 1.2 The transfer will join up public health services for children (0-5) and young people (5-19) to ensure seamless transition between services and that children are given the best start in life to maximise their potential.
- 1.3 Guidance has recently been published regarding the contractual and financial arrangements for the transfer and work is being undertaken to ensure a safe handover of this service between the two organisations. It is proposed to undertake a “lift and shift” approach for 2015/16 and a minimum floor is being applied to ensure no local authority is funded below an adjusted spend of £160 per head (0-5).
- 1.4 Work needs to be undertaken during January to March 2015 to finalise the financial and contractual arrangements regarding the transfer and it is proposed that a further report is submitted following the conclusion of contractual negotiations.

2. Options considered and recommended proposal

- 2.1 There are limited options to consider in relation to this transfer as it is a national requirement. The contracting guidance includes two options regarding the transfer of the commissioning responsibilities – to agree one contract for 2015/16 with a mid year legal transfer (novation) or to agree 2 separate six month contracts.
- 2.2 If one contract is agreed for 2015/16, the contract will initially be held by NHS England and legally transfer to the Local Authority in October 2015. The contract will be a NHS Standard contract similar to those that transferred to the Council as part of the Public Health transfer in April 2013. It is suggested in the guidance that this option is used if the Local Authority intends in the short term to commission the same range of services from the same provider as NHS England.
- 2.3 The second option is for two separate six month contracts to be agreed with the provider – one for each organisation. It is suggested in the guidance that this option is appropriate when a local authority is uncertain regarding the use of the NHS Contract or wishes to change the services commissioned.
- 2.4 Legal advice has been sought regarding the options and given that the Local Authority has previously transferred NHS contracts regarding public health services and that there are no immediate plans to alter the current services, it has been agreed to pursue Option 1 with NHS England – a full year contract for 2015/16 which will novate to the Local Authority mid year.

3. Results of consultation undertaken

- 3.1 As this is a national transfer of responsibilities between organisations, all of the consultation has been undertaken on a national basis and no local consultation has been undertaken in relation to this transfer.

4. Timetable for implementing this decision

- 4.1 The formal transfer will be implemented from 1 October 2015. Recently published guidance recommends that contracts are signed off and legal transfer documents (deeds of novation) are approved by the end of February 2015. Consultation regarding the financial arrangements for the transfer ends on 22 January 2015.

5. Comments from Executive Director of Resources

5.1 Financial implications

The public health grant for 2015/16 will include resource to fund the 0-5 children's public health services for 6 months. From April 2016 the public health grant (including the 0-5 transfer) is expected to move towards a distribution based on population needs. The fair shares formula would be based on advice from the Advisory Committee on Resource Allocation (ACRA). ACRA plan to run an engagement exercise on overall changes to the public health grant formula starting in the New Year.

A consultation on the financial arrangements for the transfer of 0-5 public health responsibilities in 2015/16 is currently underway until 22 January 2015 and officers are preparing to submit a technical return in response to this consultation. The proposed allocation for 2015/16 is £2.3m which would leave a financial gap of approximately £0.5m against the 2014/15 costs. NHS England are undertaking work to reduce the contractual cost for 2015/16, so as to remain consistent with the national "lift and shift" approach. If this work is unsuccessful there will be a financial risk to the Council associated with the transfer of these services. Work is being undertaken to try and minimise this risk with NHS England and any response made to the financial consultation will reflect any concerns.

5.2 Legal implications

The transfer of commissioning responsibilities for 0-5 public health to local authorities is being undertaken at a national level under the Health and Social Care Act 2012. National guidance to support the transfer of contracts has been published and is being adhered to locally.

6. Other implications

Not applicable

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The transfer of 0-5 Public Health commissioning responsibilities is being undertaken at a national level. Local responsibility will support the Council's objectives of reducing health inequalities and Health and Wellbeing Strategy and the national Healthy Child programme. The transfer will allow services to be integrated and joined up from 0-19 to allow children, parents and carers in the City to be supported to live long, healthy lives and maximise their life opportunities.

6.2 How is risk being managed?

The key risks relate to the legal novation of the contracts and whether the financial allocation for the services is sufficient to cover the contractual liabilities. Work is being undertaken with NHS England to ensure that the local risks are minimised.

6.3 What is the impact on the organisation?

There is minimal impact on the organisation. Additional mandated responsibilities are planned to be assigned with the transfer regarding:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment (excluding GP check)
- 1 year assessment
- 2-2.5 year assessment

The additional responsibilities relate to the commissioning of services rather than the Council providing any additional services.

6.4 Equalities / EIA

This is a national transfer of a service to Local Authorities. In the short term there will be no changes to the current service which would have an impact on equalities or EIA. If any changes are proposed to the services, an EIA will be undertaken to ensure that the Council's equality duties are met and that no particular group is disadvantaged as an impact.

6.5 Implications for (or impact on) the environment

The transfer of 0-5 public health responsibilities has no impact on the environment.

6.6 Implications for partner organisations?

Coventry and Warwickshire Partnership NHS Trust is the current provider of the services and is a significant partner to the Local Authority across a range of issues. The services will remain with the Trust in the interim.

Coventry and Rugby Clinical Commissioning Group will have a significant interest in the services and is a stakeholder of the services due to their interface with other health services commissioned by the CCG and primary care services.

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