



Cabinet Member (Health and Adult Services)

Time and Date

10.00 am on Tuesday, 17th February, 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 - 6)
 - a. To agree the minutes of the meeting held on 13th January 2015
 - b. Matters arising
4. **Section 75 Agreement - Improving the Health of Coventry** (Pages 7 - 12)

Report of the Director of Public Health
5. **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, 9 February 2015

Note: The person to contact about the agenda and documents for this meeting is Lara Knight 024 7683 3237

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, 13 January 2015

Present:

Members: Councillor A Gingell (Cabinet Member)
Councillor K Caan (Deputy Cabinet Member)

Other Members: Councillor K Taylor
Councillor S Thomas

Employees:

P Barnett, People Directorate
L Knight, Resources Directorate
R Tennant, Chief Executive's Directorate

Public Business

18. Declarations of Interest

There were no disclosable pecuniary interests.

19. Minutes of the Previous Meeting

The minutes of the meeting held on 9th December 2014 were agreed and signed as a true record.

20. Health and Wellbeing Contract - Proposed Insourcing

The Cabinet Member (Health and Adult Services) considered a report of the Director of Public Health, which set out proposals to insource the Health Trainer Service.

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

The service was 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 was 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 had been given to the future provision of the service, with a number of options considered. It was considered that, on the whole, the insourcing of the operations would provide the most efficient, economic and effective option for provision going forward. It was also considered that insourcing the service would allow the Council to better align operations alongside existing delivery by the City Council.

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

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

- 1. The expiry of the Health Trainer contract with the Coventry and Warwickshire Partnership NHS Trust on the 31st March 2015 and that the operations are insourced, to be delivered directly by the Council's 'Be Active Be Healthy' service.**
- 2. Officers entering 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.**

21. Transfer of 0-5 Year Public Health Responsibility to Local Authorities

The Cabinet Member (Health and Adult Services) considered a report of the Director of Public Health, which set out proposals for the transfer of responsibility for 0-5 public health to the local authority.

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 covered the Health Visiting and Family Nurse Partnership Services (FNP). The services were currently commissioned from Coventry and Warwickshire Partnership NHS Trust (CWPT) and cost in the region of £5.7m pa.

Guidance had 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 would support the transfer was currently out for consultation.

It was proposed to undertake a "lift and shift" approach for 2015/16 and a minimum floor was being applied to ensure no local authority was funded below an adjusted spend of £160 per head (0-5).

Work needed to be undertaken during January to March 2015 to finalise the financial and contractual arrangements regarding the transfer and it was proposed that a further report be submitted following the conclusion of contractual negotiations.

(1) RESOLVED that the Cabinet Member (Health and Adult Services) 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.

22. Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved

(Meeting closed at 10.40 am)

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Name of Cabinet Member:

Cabinet Member for Health and Adult Services – Councillor Gingell

17th February 2015

Director Approving Submission of the report:

Director of Public Health, Chief Executive's

Ward(s) affected:

All

Title:

Section 75 Agreement – Improving the Health of Coventry

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:

The Health and Social Care Act 2012 disestablished Primary Care Trusts and established Clinical Commissioning Groups (CCG) and led to the transfer of Public Health responsibilities to Local Authorities from April 2013. As part of the Public Health transfer, Local Authorities were given 5 statutory duties, one of which includes providing public health advice and support to the NHS. This is also referred to as the “core offer”.

Since April 2013, the Public Health Team have worked with Coventry and Rugby Clinical Commissioning Group to develop a “core offer” that meets the statutory requirements and outlines the support that will be provided by the team in relation to commissioning appropriate and cost effective NHS services for the Coventry residents.

It has become apparent since the transfer of Public Health to the Local Authority, that additional resources are needed to fulfil this statutory duty. This is due to policy changes at the national level e.g. Better Care Fund and integration of health and social care agenda, which has increased the need for additional advice and support to the Clinical Commissioning Group (CCG). Increased focus on the quality of health services at the local level, e.g. a report of the Health and Social Care Scrutiny Board on the quality of primary care, led the Board to ask the Health and Wellbeing Board to set up a sub-group to consider the issue. In support of this, the Director of Public Health's Annual Report for 2014 focusses on access to high quality primary care in the City. It has a number of recommendations which will need Public Health support and expertise to work with the NHS to ensure they are progressed so we achieve the maximum benefits to the Health and Social Care system and high quality primary care to the residents of Coventry.

To provide additional resources and support it is proposed to enter into an agreement under Section 75 of the National Health Service Act 2006 with the Clinical Commissioning Group for a period of 3 years to transfer £400,000 from the Public Health ring fenced budget to enable the core offer work to be progressed.

Recommendations:

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

1. That a Section 75 grant agreement between the Council and Coventry and Rugby Clinical Commissioning Group is entered into for the payment of £400,000 by the Council to the CCG to allow appropriate public health support to enable effective commissioning of NHS services for Coventry residents on terms to be agreed. The agreement will be funded from the Public Health ring fenced grant.
2. To give delegated authority to the Director of Public Health and the Assistant Director, Legal and Democratic Services to confirm the governance arrangements regarding the funding, to agree the detailed terms of, and enter into the agreement on behalf of the Council.

List of Appendices included:

None

Other useful background papers:

None

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: Section 75 Agreement – Improving the Health of Coventry

1. Context (or background)

- 1.1 The Health and Social Care Act 2012 transferred responsibility for Public Health to Local Authorities and established five specific legal duties, including a responsibility to provide public health advice and support to NHS Commissioners from April 2013. This is to ensure that NHS services reflect the need of the local population and are evidence based and effective.
- 1.2 To date an informal arrangement has been in place with Coventry and Rugby Clinical Commissioning Group supported by a Service Level Agreement which outlines the work programme to be undertaken each year to discharge this mandated responsibility.
- 1.3 The national and local policy landscape has changed in recent times, with significant policy requirements to consider the population health and prevention in relation to the development of the Better Care Fund, the proposed integration of Health and Social Care and the publication of the Director of Public Health's Annual Report 2014 which focusses on Primary Care in the city. It has become apparent that the current arrangement is not sufficient to meet the needs of both organisations and to ensure that the necessary health improvements needed in the City are realised through the commissioning of appropriate health services. Additional support is therefore needed to meet the statutory requirements regarding the provision of public health advice to the NHS.
- 1.4 It is therefore proposed to enter into a formal arrangement under Section 75 of the National Health Service Act 2006 with the Clinical Commissioning Group (CCG) to provide additional support for the provision of Public Health advice to the NHS. The funds will be used to procure additional resources to support the core offer work. This will ensure maximum benefits are realised for both organisations and the City in ensuring appropriate health services are commissioned to meet the needs of the population and to improve health inequalities in the City.

2. Options considered and recommended option

- 2.1 Two options have been considered to ensure that the Council's mandated responsibility in relation to the provision of Public Health advice to the NHS are fulfilled – to maintain the current arrangement or seek to enter into a Section 75 agreement.
- 2.2 Currently an annual work programme is agreed with the CCG which outlines the areas of work to be undertaken to support their commissioning agenda and the work is undertaken by the relevant Public Health consultant supported by trainees within the department. However, training capacity is being reduced due to a smaller number of trainees being available to train in Coventry. The status quo arrangement will be difficult to maintain. In addition, due to changes in local and national priorities regarding health and social care, additional support is needed to support this area. There is a risk that if the current arrangements continue that the Council will be unable to fulfil its statutory public health responsibilities.
- 2.3 An option to enter into a short term (3 year) Section 75 grant transfer arrangement with the Clinical Commissioning Group has been considered and discussed with the CCG. This would allow for additional public health capacity to be provided to take forward this agenda to ensure that the City's priorities regarding reducing health inequalities and improving the quality of primary care are met. This would allow both organisations' priorities to be met and would maximise the impact for Coventry residents.

- 2.4 The Local Authority and Clinical Commissioning Group are able to enter into partnership arrangements using a Section 75 agreement if the arrangement is likely to lead to an improvement in the way a function is exercised and if they have consulted with such persons as appear to be affected by the arrangements. In this option, it is expected that the proposal will improve the capacity to undertake the core offer and therefore lead to an improvement in the operation of the function. The affected parties, the Local Authority and Clinical Commissioning Group have been involved in discussions regarding the proposal and therefore the second requirement regarding consultation is also met as they are the only two affected parties to the proposed arrangement.
- 2.5 To support the partnership arrangement a formal Section 75 agreement will need to be developed with the Clinical Commissioning Group which includes information regarding the aims and outcomes, financial arrangements, information sharing and governance arrangements. It is requested that the Director of Public Health and the Assistant Director, Legal and Democratic Services are given delegated authority to confirm the arrangements regarding the management of the agreement, should it be agreed, and to enter into the formal Section 75 agreement with the Clinical Commissioning Group on behalf of the Council.
- 2.6 For the reasons outlined above, the option to enter into a Section 75 agreement with the Clinical Commissioning Group is therefore the preferred option.

3 Consultation

- 3.1 The views, opinions and ideas of the Clinical Commissioning Group have been sought to ensure that the Council's statutory duty is undertaken appropriately and taken into account when developing this proposal and agreement in principle has been given to the direction of travel. Wider consultation has not been undertaken due to the specialist nature of the function and limited impact on other partners/stakeholders.

3. Timetable for implementing this decision

- 4.1 The agreement will be put in place in March 2015 as soon as the agreement can be finalised between the two organisations.

4. Comments from Executive Director, Resources

5.1 Financial implications

The agreement will be financed from the ringfenced Public Health Grant for 2014/15 at a cost of £400,000 to deliver the statutory duties and ensure NHS services include a preventative element. The Clinical Commissioning Group will need to carry forward the resource to utilise over a 3 year period.

This is a one-off arrangement and does not commit the City Council to ongoing revenue funding. Any staff employed to deliver this will be employed by the Clinical Commissioning Group. The Clinical Commissioning Group in conjunction with Public Health will need to ensure there is a clear exit strategy by 2017/18.

Other than City Council officer time to manage and monitor the Section 75 agreement no significant additional costs will result from the recommendations in this report.

5.2 Legal implications

A grant funding arrangement will be entered into between the Council and the Clinical Commissioning Group in accordance with Section 75 of the National Health Service Act 2006, which will allow the Council's obligations under the Health and Social Care Act 2012 in relation to the provision of public health advice to the NHS to be undertaken in an effective manner. Officers will need to be satisfied that the identified services can legally be the subject of a Section 75 agreement and that appropriate measures are in place with regard to quality assurance and value for money, as well as meeting the detailed requirements of Section 75. This is because the Council would remain responsible for the delivery of the statutory service notwithstanding that it would have been delegated to the CCG to commission.

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)?

This arrangement will enable the Council's statutory duty of providing Public Health advice to the NHS to be undertaken in an effective and efficient manner. The work will support the work of the Health and Wellbeing Board and contributes directly to the Council Plan's ambition to improve the health and wellbeing of local residents by helping people lead healthier lifestyles. It also contributes to the delivery of the Better Care Fund which has major implications for the sustainability of social care services in the City.

6.2 How is risk being managed?

Appropriate governance arrangements will be put in place to monitor the agreement between the Council and the Clinical Commissioning Group. An annual work programme will continue to be developed which will outline how the resource will be used each year. The risk to the Council is limited as other Section 75 agreements have been in place between the two organisations and worked effectively. The Council will need to ensure that any expenditure on commissioning a Public Health advice service represents value for money and that the quality of the service provided is maintained.

6.3 What is the impact on the organisation?

There is limited impact on the organisation, apart from putting the appropriate governance structures in place to monitor the grant arrangement and the Council's statutory public health responsibility. An annual work programme will be developed between the Clinical Commissioning Group and Public Health in relation to ensuring the Council's statutory duty is undertaken identifying the appropriate resourcing to complete the identified workstreams.

6.4 Equalities / EIA

In reviewing the arrangements providing public health advice to the NHS, the Council has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

6.5 Implications for (or impact on) the environment

This proposal will have no direct significant impact on the environment.

6.6 Implications for partner organisations?

Coventry and Rugby Clinical Commissioning Group is an important partner of the Local Authority in addressing the Health and Social Care needs of the Coventry population. Discussions have been held with the Accountable Officer of the Clinical Commissioning Group and relevant officers, and support has been given for the grant transfer.

Report author(s):

Name and job title:

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Directorate:

Chief Executive's

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Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
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Finance: Rachael Sugars	Finance Manager (Chief Executive)	Resources	02/02/2015	05/02/2015
Legal: Carol Bradford	Solicitor, Place and Regulatory Team	Resources	02/02/2015	03/02/2015
Director: Jane Moore	Director of Public Health	Chief Executive's	02/02/2015	05/02/2015
Members: Councillor Alison Gingell	Cabinet Member (Health and Adult Services)			
Coventry & Rugby Clinical Commissioning Group: Clare Hollingworth	Chief Finance Officer	Coventry & Rugby Clinical Commissioning Group	04/02/2015	05/02/2015

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