
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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